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12 September 1985

Worldwide Report

EPIDEMIOLOGY

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12 September 1985

WORLDWIDE REPORT EPIDEMIOLOGY

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INTERNATIONAL AFFAIRS

BRIEFS

LIBYAN PLAGUE CASES—Cairo, 26 Aug (MENA)—Informed sources have emphasized that cases of plague have occurred in Libya and that the Egyptian Government has taken protective measures regarding a number of workers who have returned from that country. The workers were placed in quarantine after plague was found to exist in the Libyan territories from which they had come. The sources added that the medical examination carried out on the Egyptian workers placed in quarantine has proved that none of them has been infected with the disease. The Libyan news agency today said that the cases of plague appearing in Libya were confined to a number of Egyptian and Tunisian workers. JANA added that these workers have been deported from the country. The sources said that the Libyan news agency's report today confirms the existence of plague in Libya. [Text] [Cairo MENA in Arabic 2136 GMT 26 Aug 85]

CSO: 5400/4606

BANGLADESH

OUTBREAKS OF DIARRHEA, OTHER DISEASES REPORTED

Dhaka THE NEW NATION in English 27 Jul 85 p 2

[Text]

COMILLA, July 25 : Diarrhoea has broken out in Comilla town and its suburban areas in an epidemic form and, as such, rush of patients in Sadar Hospital is increasing day by day.

At least four patients died of diarrhoea in the Sadar Hospital while 36 were admitted during the last fortnight. The maximum numbers of patients rushing to the hospital are infants.

Scarcity of saline bags in the town has been causing untold sufferings to the patients, especially diarrhoeal patients, both in health complexes and outside, according to an official source.

It is alleged that taking advantage of the situation, a section of unscrupulous businessmen are selling saline bag at Tk 80 to Tk. 90.

BRAHMANBARIA

Our Brahmanbaria correspondent adds: Diarrhoea claimed two lives in Chandura union under Brahmanbaria Sadar upazila while over 100 were attacked with the disease.

It is learnt that the situation has started deteriorating when the disease has spread in an epidemic form.

FARIDGANJ

Our Faridganj Correspondent adds: Bacillary dysentery and other intestinal diseases have broken out in the villages of Matlab and Faridganj for the last few days.

It is learnt that at two houses of Digoldi village of Matlab alone, 44 persons, including children were attacked with the disease a few days ago. Of them, one person and a baby died while 19 persons have been admitted into the local

Hospital.

It is further learnt. Barali, Girdakalindia, Durgapur and other adjacent villages of Faridganj, bacillary dysentery and septicemia have broken out. Some 15 persons have already been admitted into Faridganj Hospital.

When contacted, the District Civil Surgeon Office told this correspondent, said, necessary steps have been taken to arrest further deterioration in the situation.

BANGLADESH

BRIEFS

INFLUENZA OUTBREAK REPORTED—Influenza has broken out in an epidemic form at Rajbari recently. High fever, coughs, sneezing, headaches are the symptoms of the disease. The duration of the fever is three to four days. The situation aggravates following intermittent rains of the last few days. [Text] [Dhaka THE BANGLADESH OBSERVER in English 15 Jul 85 p 7]

MAGURA DIARRHEA DEATHS—Magura, 15 Jul—Two minor girls died of diarrhoea and 20 persons attacked with the disease at village Baraichara under Salikha upazila during the last two weeks. All the victims attacked with the disease are between 10 to 12 years, both boys and girls. Paucity of pure drinking water is learnt to have caused the disease. It is also alleged that proper anti-diarrhoea measure has not yet been taken by the authority concerned. When contacted the Upazila chairman confirmed the report and told this correspondent that the situation is now under control and a medical team is going to be deputed there. [Text] [Dhaka THE NEW NATION in English 17 Jul 85 p 2]

HOSPITAL TETANUS CASE—A case of tetanus was detected at the Labour Ward of Mitford Hospital on Wednesday. The patient, Hazera Begum (22), was sent to Mohakhali Infectious Disease Hospital. The Labour Ward of the hospital has not been closed after the accident. According to normal practice when tetanus is detected, the ward is closed and the patients are asked to leave the hospital. [Text] [Dhaka THE BANGLADESH OBSERVER in English 25 Jul 85 p 8]

RABIES DEATHS REPORTED—Tangail, 25 Jul—Two persons died of hydrophobia caused by jackal-bite at village Shimla in Hemnagar union under Gopalpur upazila in the first week of this month, according to late news reaching here on Monday, reports BSS. Five other persons bitten by jackals mainly in the jute fields during the last three weeks are improving in the Gopalpur upazila health complex. The two fatal cases, Bablu (16) and Abul Hossain (30)—both from village Shimla—were admitted to the Gopalpur health complex after they had been bitten by jackals but they died on 5 July. Panic has gripped the areas. [Text] [Dhaka THE BANGLADESH TIMES in English 26 Jul 85 p 2]

MORE RABIES REPORTED—Comila, 30 Jul (BSS)—Two persons died of hydrophobia caused by bite at village Sonapur under Chawddagram upazila this month. According to reports reaching here several other persons and domestic animals were bitten by rabid dogs in the area in the last few weeks. Belial, 36, and his 12-year-old sister Jharna of Sonapur were admitted in the Chawddagram Rural Health Centre after they had been bitten by dogs but they died there.

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It may be mentioned that rabid dogs have become a menace in the area. Added to it is the lack of knowledge about the treatment of hydrophobia and the scarcity of antirabic vaccines (RVA) in the rural areas. Previously, the ARV was used to be supplied by the Zila Parishad. The Parishad has discontinued it. [Text] [Dhaka THE NEW NATION in English 31 Jul 85 p 2]

RABID, SYPHILITIC DOGS—Ishurdi, 1 Aug—Pye-dogs with various diseases including syphilis have been creating health hazards for the people of Ishurdi Town and the other part of the Upazila. Cases of dog-bites are increasingly creating concern for the people of the said areas, especially Pourashava Area. It is learnt that there are about 500 pye-dogs in the town. Groups of dogs move around hotels restaurants verandahs of shops, kacha bazar railway station. The dogs gather at the places where foodstuff are available for sale and pollute them. During the current period innumerable cases of dog-bites are being reported from different parts of the upazila. The Pourashava authorities and the other concerned authorities are reported to be inactive in this connection. [Text] [Dhaka THE BANGLADESH OBSERVER in English 2 Aug 85 p 7]

MALARIA IN CHITTAGONG—Rangamati, 1 Aug—At least two hundred people died and more than 10,000 were seriously suffering from malaria at different areas of greater Chittagong Hill Tracts Zone during the last three months beginning from May to July this year. An official source has confirmed that Malaria affected the people in an epidemic form at Rangamati, Bandarban and Khagrachari districts. According to different hospital sources 90 percent patients are suffering from malaria disease in C.H.Ts. The sources add malaria has broken out at different settlers' zones of 27 upazilas in hilly districts during the rainy season. About 100 persons died at Lama Upazila in Bandarban while another 100 in Rangamati and Khagrachari districts respectively. Deep forest has been prevailing all over these districts causing great hardship and malaria disease to the people of Lama, Alikadam Ruma Nikonghari Thansi Majastali Frua Lalukahi Borkal Grastan Mailah Marisha Kasalong velly Mahlsari Maniksari Diginala Tabulsari Taindong Sonal and Axmisari forest areas. Some of the effected persons were admitted into different hospitals. But due to shortage of physicians mainly Lama Upazila patients are not getting proper treatment, it is alleged. An anti-malaria programme has been taken up the programme also includes Malaria tablets supply to the affected people. According to hospital sources there is no shortage of essential anti-malaria medicines in the hospitals to cope with the situation and the allegation about the shortages of physicians is also not correct. [Text] [Dhaka THE BANGLADESH OBSERVER in English 2 Aug 85 p 7]

DIARRHEA IN LALMONIRHAT—Lalmonirhat, 1 Aug—Diarrhoea and dysentery have broken out in epidemic form throughout Lalmonirhat district due to acute scarcity of pure drinking water for long. Ten persons, including children, died of diarrhoea Hatibandha upazilas during last year one month. It is learnt that most of the tubewells in rural areas have gone out of order, resulting in scarcity of pure drinking water. Due to nonavailability of drinking water, the villagers have no other alternative but to drink water from rivers, ponds and canals. As a result, stomach ailments have become a regular feature in different parts of the district. [Text] [Dhaka THE NEW NATION in English 2 Aug 85 p 2]

FLU, JAUNDICE EPIDEMICS--Narail, 2 Aug--Influenza has broken out through-out Narail district in an epidemic form. A large number of families of the district have been attacked with the disease. According to a survey report, about 20,000 people were attacked with the disease in different areas of Kalia, Lohagara including Sadar upazila of the district. Influenza continues for about four days. The victims feel intolerable headache and in the body pain while temperature rises up to 104 degrees. Besides, jaundice has also broken out in an epidemic form in different areas of the district, it is learnt. One Shiuli Khatoon, 6, of Narail Poursabha and her elder brother, Manob, 10, died of the disease and about 50 people have been attacked so far. On the other hand, sufficient medicine is not available here to combat the disease. [Text] [Dhaka THE NEW NATION in English 5 Aug 85 p 2]

CSC : 5450/264

CANADA

REPORT URGES PILOT PROJECTS TO TEST HEALTH CARE TECHNIQUES

Toronto THE GLOBE AND MAIL in English 9 Jul 85 p 3

[text]

WINNIPEG (CP) — The federal and provincial governments should experiment with changes in Canada's health care system to try and make it more efficient, says a report that examines privatization of health care.

The report, commissioned by federal Health Minister Jake Epp and released yesterday, recommends that a series of pilot projects be developed to test techniques that could improve the system.

The report says Alberta would be an ideal province to carry out a project to study private management of hospitals.

"With two similar 500-bed acute-care hospitals being built in virtually identical neighborhoods in Edmonton and Calgary, a unique opportunity exists to operate one of them under private management for a period of years," said the report, completed by Bud Sherman, a former high-profile Manitoba Conservative.

The report also suggests studying drug prescription patterns in Saskatchewan, private sector management in Quebec and use of health care services in British Columbia.

The report was prompted by concern over the rising cost of health care in Canada.

"The ingredient most seriously lacking in the Canadian health care system is accountability," it said.

"The argument runs that the open-ended, publicly-funded nature of our system effectively absolves both its providers and its consumers of any strongly-felt personal responsibility for conserving the system's resources."

The report says the idea of contracting out certain non-medical services such as laundry and kitchen work has support and would save money.

However, it also emphasizes that hospital unions would oppose such a move.

Contracting out management services — that is, having hospitals run by private management firms rather than public health commissions — would receive a better reception, says the report.

But it said labor still would be distrustful of the idea and should be consulted carefully when this technique is considered.

The report also notes that Canadians as a whole do not support the idea of widespread privatization of health care such as exists in the United States.

"But, private sector involvement in health care is acceptable in limited ways."

Provincial health ministers were given a look at the report at a closed-door session of health ministers held in Winnipeg in May.

The paper was not released at that time and Mr. Epp has not indicated whether its recommendations will be followed.

CSO: 5420/25

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CANADA

AIDS HIGH-RISK LIST, INCIDENCE, FUNDING EXAMINED

Heterosexual Risk Category

Toronto THE GLOBE AND MAIL in English 18 Jul 85 p 19

[Article by Dorothy Lipovenko]

[Text]

Federal health officials have designated a new risk category for Acquired Immune Deficiency Syndrome: heterosexual partners of people in a group in which the deadly virus is prevalent.

Included in the new category are women who get the disease from infected husbands or partners; women who become infected through sexual contact with infectious hemophiliacs, and female prostitutes exposed to a bisexual man who is infected from a homosexual contact.

Ottawa decided the new risk group of heterosexual partners was necessary because of AIDS patients who did not appear to have risk factors that would have exposed them to the disease.

"The situation was looking at us in the face," Dr. Gordon Jessamine, senior epidemiologist at Ottawa's Laboratory Centre for Disease Control, said in an interview yesterday.

Most of the 13 AIDS cases most recently reported to Ottawa qualify for the new high-risk group, which was released recently by health officials through an updated list of high-risk

groups.

AIDS is a fatal virus that destroys the body's ability to fight infection. Federal health officials have received 248 reports of Canadians infected with the disease, including 17 children. Homosexuals have the greatest risk of getting the disease, which is contracted through the exchange of bodily fluids such as semen and blood.

The risk of contracting AIDS through heterosexual activity is proportionately higher in Quebec, says Dr. Ann Quinn, a federal epidemiologist. In Quebec, 58 per cent of AIDS patients are heterosexual, compared with 10 per cent of Ontario patients and 5 per cent of cases in British Columbia.

(The three provinces combined have reported most of the AIDS cases in Canada.)

Dr. Jessamine said the disease centre, which is notified by provincial health authorities of newly diagnosed cases of AIDS, will confirm suspected cases of heterosexual contact with individual physicians.

Understatement of Scope

Toronto THE GLOBE AND MAIL in English 18 Jul 85 p 19

[Article by Regina Hickl-Szabo]

[Text]

The scope of the AIDS epidemic in Canada has been drastically understated because many doctors across the country do not report their AIDS patients, federal health authorities say.

Scientists at Ottawa's Laboratory Centre for Disease Control estimate that details on at least one-third of Canada's patients with Acquired Immune Deficiency Syndrome have not been reported.

The disease-control centre, the hub of Canada's information-gathering network on AIDS, has data on 273 Canadians suffering from AIDS — up from 161 cases at the end of 1984.

But there are at least 70 more AIDS patients, most of them probably living in Vancouver, Toronto and Montreal, that the Government does not know about, said Dr. Alastair Clayton, head of the disease-control centre.

"We're just getting two-thirds of AIDS patients," he said in a recent interview. "There certainly are more cases than we know of. But we can only report what's given to us."

The danger in failing to report AIDS is that it prevents scientists from getting a true picture of the disease, whom it attacks, how it manifests itself and how it spreads, Dr. Clayton said.

AIDS robs the body's immune system of its ability to fight off infection. It has affected thousands of men, women and children in Central Africa, parts of the Caribbean, Europe and North America in the past five years.

North American researchers say it could be years before a cure for the deadly disease is found.

In the United States, where more than 11,000 AIDS cases have been reported since 1982, more than 5,000 of the patients have died.

U.S. scientists have predicted that the number of AIDS patients there will top 20,000 by the end of 1986. In Canada, scientists estimate 1,000 people will contract the disease by the end of next year.

Ottawa's disease centre may eventually find out about many of cases that are now unreported, Dr. Clayton said. "But the reporting system is not as fast as it should be."

Some doctors are afraid the names of their AIDS patients will not be kept confidential if their case histories are reported to Ottawa, Dr. Clayton speculated. Others cannot be bothered filling out the forms required when reporting a

disease, he said.

"Physicians don't seem to enjoy reporting," he said. "They feel it's none of the Government's business, albeit (the patient's records) are totally confidential."

Dr. Evan Collins, a psychiatrist on the board of directors of the AIDS Committee of Toronto, said some doctors may not recognize the tell-tale infections that usually accompany the virus in its final stages — the skin cancer called Kaposi's sarcoma, the pneumonia known as pneumocystis carinii or cryptococcal meningitis.

Still others may be out of touch with medical research on AIDS and are not aware of the symptoms that can signal even a pre-AIDS condition: night sweats, severe weight loss, fevers and chronically swollen glands.

Dr. Clayton lays the blame for under-reporting at the feet of individual physicians, but he said that if provincial governments made the reporting of AIDS mandatory, federal statistics would be in better shape.

At the moment, only four out of 10 provinces insist AIDS be reported — British Columbia, Alberta, Saskatchewan and Ontario.

"We have asked, begged, pleaded that provincial health ministries make it an officially notifiable disease," Dr. Clayton said. Not doing so "obscures the clear trend of the disease in our country."

Quebec, the province with the second-highest number of AIDS patients in the Canada after Ontario (about 85) does not require its physicians to report their AIDS cases to Ottawa.

"It's a sickness that's pretty recent," an assistant in the office of Guy Chevrette, Quebec Social Affairs Minister, said yesterday. "The ministry is studying whether to make it mandatory to report it."

Dr. Richard Morisset, chief microbiologist in infectious diseases at Montreal's Hôtel Dieu Hospital, said it is unlikely that many AIDS cases go unreported in Quebec. Most doctors report their patients' cases to the province's AIDS committee, he said.

From there, doctors who make up the provincial AIDS committee pass the information on to the federal Government every three months.

Vancouver THE SUN in English 29 Jun 85 p A10

[Article by Rick Ouston]

[Text]

The federal government has granted \$150,000 to AIDS Vancouver, a non-profit support group that assists people suffering from acquired immune deficiency syndrome and educates the public about the disease.

A spokesman for Energy Minister Pat Carney, whose Vancouver Centre riding includes the city's West End, said on Friday the money will help finance a two-year program in which AIDS Vancouver will rent an office and hire one full-time director and two part-time workers to direct the activities of volunteers.

The money comes from the department of health and welfare, and will be added to a \$50,000 grant issued by the city of Vancouver earlier this month.

Ray McAllister, Carney's assistant in Vancouver, said representatives from AIDS Vancouver "came to us looking for \$25,000 to \$40,000. We didn't want to fund them for a short-term project," so Carney campaigned for a larger commitment, he said.

The Vancouver society's counterpart in Toronto — AIDS Toronto — received a similar grant earlier this year.

Bob Tivey, who has volunteered his time since AIDS Vancouver was first formed two years ago — quitting his job earlier this year to devote his energies full-time to the society — said his association was happy with the grant.

Tivey now becomes project director of AIDS Vancouver at a salary of \$30,000 a year.

Two other long-time volunteers, including West End community activist Gordon Price, will work half-time at salaries of \$12,000 a year for the first year. Those positions will turn full-time next year, Tivey said.

The grants will fund an office, a six-day-a-week hotline (687-AIDS), the printing of educational materials for the public and people with the disease, support services to supply home-making and other assistance for people with AIDS, and a speakers' bureau of people prepared to give speeches to interested groups.

Part of the money will also be used to conduct public forums, said Tivey. The first forum will be held at John Oliver secondary school in Vancouver, and will feature Dr. James Curran, head of the AIDS task force for the Centres for Disease Control in Atlanta, Ga.

Since the first case of AIDS was found in Vancouver in 1982, a total of 58 people have contracted the disease, and 23 have died, Tivey said.

Another 200 Vancouver-area residents have contracted AIDS-related complex — ARC — which is defined as one or more diseases often associated with AIDS. About 20 per cent of people who have contracted ARC in the past have also developed the killer disease.

The AIDS virus attacks the immune system. Its victims usually contract rare forms of cancer or pneumonia, and few have survived three years after contracting the disease.

AIDS Vancouver is currently putting together a brief to the provincial government which will request financial assistance for the development of an AIDS "halfway house" which could be a home to disease sufferers who are too weak to provide for themselves but who do not have to be sent to hospital.

Winnipeg AIDS-Related Symptoms

Toronto THE GLOBE AND MAIL in English 19 Jul 85 p 21

[Text]

WINNIPEG (CP) — The Winnipeg homosexual community is preparing for an outbreak of acquired immune deficiency syndrome (AIDS) following the diagnosis of 25 Manitobans who have AIDS-related symptoms. Dr. Dick Smith, spokesman for the Winnipeg Gay Community Health Centre, said the odds are that at least three of the 25 will eventually acquire AIDS. Dr. Smith also said that he estimates about 10 times that number of Manitobans are carrying AIDS or AIDS-related viruses. There has been one confirmed case of the disease in Manitoba.

CANADA

CHLAMYDIA INCIDENCE, TESTING METHODS DISCUSSED

Ottawa THE WEEKEND CITIZEN in English 6 Jul 85 p C16

[Text]

TORONTO (CP) — Patients suffering chlamydia trachomatis, a sexually transmitted disease that causes infertility in women and sterility in men, may not even know they are infected.

The major reason is that doctors — frustrated by the slowness, high cost and imprecision of the current test for chlamydia — say they are finding it difficult to diagnose the disease that is suspected of being more prevalent than gonorrhea.

A study published this week in the *Canadian Medical Association Journal* says laboratory reports do not reflect the true incidence of the disease. It estimates there are two to three cases of inflammation of the cervix and uterus for every reported case of gonorrhea, and 40 to 60 per cent of the inflammation cases are caused by chlamydia.

Although other provinces have switched to new testing methods that are faster and less expensive

than the current test using cell cultures, the Ontario government is still evaluating two kits and will not reach a decision on them for several months.

There were 4,284 cases of chlamydial infections in Canada in 1984 reported to the Laboratory Centre for Disease Control in Ottawa, three times as many as in 1983. Ontario had the largest proportion — 37 per cent — followed by Manitoba with 23.

The governments of Manitoba, British Columbia and Quebec have signed contracts with Syntex Diagnostics of Kanata, Ont., to use \$5 kits that test for chlamydia, said Mark Pacquin, vice-president of the company which distributes the U.S.-made product.

Manitoba decided to use the kit six months ago because standard tests using cell culture — where the organism must be grown in a laboratory — were inadequate, said Dr. Trevor Williams, assistant director of Manitoba's provincial laboratory.

CSO: 5420/25

HONG KONG

HOSPITAL SURVEY REVEALS HIGH RATE OF INFECTION

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 4 Aug 85 p 8

[Text]

A recent survey of patients at the Prince of Wales Hospital showed that nearly 25 per cent were carrying infections.

The June 4 survey, which provides the first comprehensive data on such infections at the hospital, was conducted after recent press reports on cross-infections in Hongkong hospitals.

In May, the Director of Medical and Health Services, Dr K.L. Thong, told the Legislative Council that the average rate of cross-infections in Hongkong hospitals is two to three per cent, compared with five to six per cent in the United States.

According to the Medical and Health Department, the rate has been collated from actual data of cross-infections monitored at the Prince of Wales, Queen Mary, Queen Elizabeth and Princess

Margaret hospitals.

But the Medical and Health Department has, despite repeated requests since mid-May, refused to release the actual figures from which the cross-infection rate has been made.

Last month, the Sunday Morning Post requested Umeko's aid in our attempts to obtain the relevant information from the department.

According to Professor Gary French, head of the Chinese University's department of microbiology at the Prince of Wales, there was no accurate information on cross-infections at the hospital prior to the June 4 survey.

In a recent letter to the Sunday Morning Post, Prof French, who also heads the control of infection team at the hospital, wrote:

"It is almost impossible to assess cross-infection reliably without extensive microbiological and epidemiological studies and I do not believe we can give accurate figures for this in Hongkong."

In a subsequent interview, Prof French said:

"Before the June 4 survey, I don't believe we had accurate information on cross-infections at the Prince of Wales."

"The survey provided accurate data on hospital infections. But even then, the rate of cross-infections can only be assessed approximately."

What the survey found was that 24 per cent of the patients at the hospital suffered from one infection or another on the day of the study.

About 15 per cent of the patients were infected before they were admitted to hospital. The remainder of the 24 per cent became infected during their stay in hospital.

Although no accurate statistics on cross-infections could be obtained from the survey, the other infection data the study came up with, indicated that the rate of cross-infections was probably of about one to two per cent overall.

Prof French emphasised that the assessment of hospital infections is extremely complicated.

And even the varying terms used to define specific types of hospital infections can be very confusing since different terms denote different things.

"We've got to be very careful about what we mean by these words," he said. "If you're talking about hospital infection, our rate is 24 per cent. But if you're talking about hospital-acquired infection, it's eight per cent and if it's cross-infection, it's about one to two per cent."

"It's very important to clearly define what you're talking about."

As he explained, every hospital has patients who, at the time of admission, are already infected. Often they are admitted because of the consequences of the infection.

However, these infections would have occurred irrespective of whether the patients stay at home or go to hospital.

These are community-acquired infections, Prof French said. And the 15 per cent rate assessed at the Prince of Wales reflects the high admissions of these classes of patients.

However, there is another type of infection — hospital-acquired infections — which a patient would never get if he had not gone into hospital in the first place.

Of these hospital-acquired infections, a certain percentage cannot be prevented, Prof French said.

There are certain "dirty" operations — such as those performed on a ruptured bowel — which inevitably re-

sults in the release of pathogenic bacteria normally inhabiting the area, but which usually causes no problems.

As a consequence of the release of their own bacteria after the operation, patients can thus infect themselves.

However, another type of hospital-acquired infection are the cross-infections, and many of these can be prevented.

Prof French said cross-infections occur when hospital patients become infected directly as a result of bacteria being transmitted from other patients, from hospital staff or from the environment.

"Cross-infection occurs because of a breakdown in some technique," Prof French said.

"If you have lots of beds close together, or if you have few staff, you will get more cross-infections.

"With limited resources, you therefore have to live with a certain amount of unavoidable cross-infections. But on top of these cross-infections, there are the other preventable cross-infections."

For instance, the World Health Organisation recommended in 1979 that all hospitals should use disposable paper towels, as opposed to cloth towels which trap and transmit bacteria.

This, along with the washing of hands with proper hand disinfectants by staff between patient contact, offers one of the cheapest and most effective ways of preventing cross-infections.

In Hongkong, unfortunately, paper towels and hand disinfectants are still not standard issue in many hospital wards.

Proper ongoing surveillance of hospital investigations and prompt investigation in the event of outbreaks can also limit the spread of cross-infections.

"But no one has cross-infection rates," Prof French said. At the Prince of Wales, for instance, the survey indicated that the cross-infection rate was probably about one to two per cent — or about one-quarter of the rate for hospital-acquired infection rate of eight per cent.

He emphasised that there is a major problem with getting exact figures.

For while large outbreaks of cross-infection with unusual organisms can be identified — provided the proper surveillance measures have been instituted — it is extremely difficult to identify sporadic cases of cross-infection with common bacteria.

HONG KONG

OFFICIALS CONCERNED OVER POSSIBLE SPREAD OF AIDS

Precautions at Sperm Bank

Hong Kong SOUTH CHINA MORNING POST in English 31 Jul 85 p 1

[Article by Jamie Walker]

[Text]

Homosexuals and haemophiliacs have been barred from donating to Hongkong sperm banks because of the AIDS threat.

Women are also being urged to postpone artificial insemination until donor supplies can be screened for the deadly virus, the Family Planning Association's director, Mrs Peggy Lam, said yesterday.

Mrs Lam said men in the identified high-risk AIDS groups — homosexuals, haemophiliacs and drug addicts — had been banned from the programme for fear of contamination.

The policy was adopted in a move to prevent any repetition of the tragic infection of four Australian women with AIDS through artificial insemination.

"We'll ask all prospective donors if they belong to one of these risk groups. If they were to say they did we would tell them they should not donate," said Mrs Lam.

The association plans to contact the 115 sperm donors on its books and have them tested for AIDS once advanced ELISA (enzyme linked immunosorbent assay) detection kits arrive in Hongkong.

The Red Cross has placed an order with the US pharmaceutical manufacturer, Abbot Laboratories, but delivery, originally scheduled for early next month, has been held-up by heavy demand abroad.

Mrs Lam said she had already approached the Red Cross Blood Transfusion Service's director, Dr Susan Leong, for help with the proposed testing.

The Chinese and Hongkong universities have also offered their laboratory facilities.

"We want to test the samples as soon as possible though, at this stage, we're not sure exactly when it will be possible.

"If we couldn't do them (the tests) we would have to give up all our supplies. That would certainly put us back."

Couples participating in Hongkong's four-year-old test-tube baby programme have been told to think twice before pressing ahead.

Doctors involved in the programme have been instructed to warn recipients of the possible danger of using donations not screened for the presence of AIDS.

Mrs Lam said about 180 women had participated in the programme since 1981 in Hongkong and more than 60 had become pregnant.

"All we are saying is that it is better to play it safe. We advise them to wait until we can test our sperm supplies," she added.

Three cases of AIDS have been detected in Hongkong so far this year.

The first victim died in February and the remaining two are undergoing treatment at Government clinics.

AIDS breaks down the body's ability to fight infection and is spread mainly through sexual contact, particularly between homosexual males, and blood transfusion.

The infection of the Australian test-tube mothers, confirmed in December last week, was the first of its type to be detected in the world.

The chairman of Australia's national AIDS Advisory Committee later warned that the problem might lie undetected in other countries.

Meanwhile, the Medical and Health Department said it would not check whether an Argentinian tourist who died of AIDS in a Beijing hospital last month had been here.

A spokesman for the department said there was "no point" tracing the man's movements, despite announcement by China of strict quarantine measures.

Chinese officials are checking on movements of the dead man, identified as Oscar Messina (34), who joined a tour party from San Francisco in May.

But there would be no follow-up investigation in Hongkong, the Medical and Health spokesman said.

Third Victim Released From Hospital

Hong Kong SOUTH CHINA MORNING POST in English p 1

[Text]

Hongkong's third known AIDS victim was last week released from hospital in a stable condition.

The first local victim died in hospital while the second was allowed to leave hospital after being treated and observed for six weeks.

The most recent victim, a 24-year-old man, was admitted to hospital early this month.

A spokesman for the Medical and Health Department said this man left hospital last week.

The two surviving AIDS sufferers have been given detailed advice by Government doctors and told to return for further treatment if other symptoms develop, the spokesman added.

Meanwhile, the Medical and Health Department and the Red Cross are still waiting for the delivery of the long-awaited AIDS test kits from the United States.

Efforts of High Priority

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 28 Jul 85 p 6

[Editorial: "Calling for AIDS Help"]

[Text]

That most sinister of modern medical killers, AIDS, has again been thrust forcefully into the spotlight.

Hongkong is still anxiously awaiting the arrival of much needed, overdue detection kits and, until they arrive, one important organisation sadly inconvenienced is the Family Planning Association. Their important sperm bank cannot be utilised until it has been screened. This follows the discovery in Australia that four women there had contracted the killer disease following artificial insemination.

Internationally, the killer disease has found its most famous victim to date in Hollywood star Rock Hudson.

The true nature of this deadly virus could not have been more graphically illustrated than in the picture released of an emaciated, hollow-cheeked Hudson ... a gross parody of the famous matinee idol face which graced numerous films from the late 1950s.

The AIDS stories have begun to pile up. A foreign tourist has died in Beijing, the first known casualty in China while, in a most sombre announcement which could have considerable repercussions, it was reliably reported from Sydney that a steward on the

national airline, Qantas, had died from the disease.

Qantas officially refuse to confirm the story and it has already been stated that airline passengers could not logically contract the disease if a member of the cabin crew was a victim.

That, however, is unlikely to be particularly re-assuring to the modern day passenger if only because it is already admitted that there is no known cure for the disease which is baffling medical science and much else about it is also shrouded in mystery.

Hongkong has had three victims so far — one fatal.

The worldwide demand for kits to help detect AIDS has been such that Hongkong is apparently on the wrong end of a lengthy list.

The Family Planning Association has shown commendable initiative in seeking alternative suppliers for the much sought after kits and their efforts, hopefully, will prove fruitful.

The FPA and the Red Cross have held discussions over the new equipment and may use it jointly. Such co-operation is considered vital in the on-going battle against this dreadful disease.

The growing fear about AIDS is that it may now range outside the groups so frequently mentioned when it first came to worldwide attention — homosexuals, haemophiliacs and Haitians.

The endeavours of medical science to find a cure have so far proved relatively fruitless and, while this remains the case, AIDS will continue to hold communities in an increasing grip of fear.

In Hongkong, efforts must continue ceaselessly to ensure that we have, at least, the latest in medical equipment to help detect the deadly virus.

And co-operation at all levels is of the highest priority.

INDIA

MYSTERY DISEASE BLINDS CHILDREN NEAR KASHMIR BORDER

Madras THE HINDU in English 22 Jul 85 p 9

[Text]

SRINAGAR, July 21.

A mysterious disease has driven over 80 children below 10 blind in the border areas of Karan in the Kashmir Valley. The disease spread like wild fire in the area, adjacent to the Line of Actual Control between India and Pakistan-Occupied-Kashmir.

Ishar Hussain and his two wives, Guhras and Bibi Parveen, from Bogara in the Karan area told newsmen here on Saturday, that children started losing their eyesight suddenly, in Bogara village and nearby Mandian village over the last fortnight.

When last Thursday their own children complained that they had gone blind, the parents went to the indigenous medicine practitioners in the area who told them the ailment was widespread in the border areas. Doctors' assurance

Mr. Hussain said they immediately decided to come to Srinagar with their children. Eye specialists here told them the blind children might regain their eyesight after an operation.

However, Mr. Hussain's wives do not see eye to eye with him in the matter of an

operation. When a newsmen asked his wives why they were hesitant about an operation, they said, "We prefer to adhere to the advice of our local peers and faqirs (Muslim mystical) who have already given an assurance to the women that their children would regain their sight within a month if every affected family offered sacrifices of goats and chickens for at least one week regularly, in their respective houses, under their (the peers') supervision, instead of allowing doctors to operate."

The eye specialists who examined Mr. Hussain's children were themselves not quite certain why they had gone blind. One theory was that the agent responsible could be some sort of poisonous gas which the Pakistani armed forces might have used experimentally during recent Army exercises on the Pakistani side of the Line of Actual Control (nearby), or it could be due to malnutrition.

However, the State Government decided at its cabinet meeting in Baramulla town, to seek the assistance of specialists of the Army Medical Corps who would be sent to the border areas of Karan with a State Government team to investigate the disease and suggest remedies.

CSO: 5450/0258

INDIA

CHOLERA DEATHS DENIED, OTHER DISEASES NOTED

Madras THE HINDU in English 17 Jul 85 p 12

[Text]

MADRAS, July 16.

The deaths that have occurred in the Tiruvannamalai municipal area in the last three weeks were due to gastro-enteritis and not due to cholera, Dr. H. V. Hande, Health Minister told the Assembly on Tuesday. He was opposing leave for adjournment motions tabled on the matter by Opposition members.

Members P. Ponnuram (DMK), K. M. Thangamani (Cong-8) and J. Harachandran, said cholera had broken out in Tiruvannamalai and Polur and accused Government of not taking preventive steps. Mr. Ponnuram and Mr. Harachandran said 11 deaths had occurred and several others had been admitted in hospital.

Denying there were cholera deaths, the Minister said that out of 401 persons affected by gastro-enteritis in the Tiruvannamalai municipal area in the period June 23 to July 15, nine had died. Through hand bills and cinema slides, the public had been advised to boil the water before drinking.

Dr. Hande said that out of a population of 80,800 in Tiruvannamalai, only 14,888 had been affected by gastro-enteritis and that tests of stools of 54 persons showed no cholera germs. Preventive steps on a war-footing were being taken and the situation was under control.

In Polur, out of 79 gastro-enteritis cases, 13 were admitted in hospitals. There were no deaths. In Vellore and Vaniyambadi areas, also, preventive steps were being taken and the District Collector had visited the affected places in this connection.

There was no cholera outbreak in the State. As of June 1985, only 72 persons were affected by cholera and of them 69 were from Madras. There were no deaths.

After the Minister's review of the situation, the Deputy Speaker, Mr. V. P. Balasubramanian, disallowed the adjournment motion.

1. Filistole was pronounced in Saidapet, Mambalam, Ayeravaram and Washermanpet areas.

CSO: 5450/0256

INDIA

POOR CONDITIONS BREED DISEASE AMONG ADIVASIS

Calcutta THE TELEGRAPH in English 30 Jul 85 p 5

[Text]

Bhubaneswar, July 29: Close on the heels of reports of starvation deaths in the drought-hit Kalahandi district, the news of four adivasi youths dying of anthrax (a disease of sheep and cattle, transmissible to man by infection from affected animals) in the Rayagada subdivision of Koraput district has sent shockwaves throughout the state.

Desperate for food, the four adivasis from Bhujahal village, 18 km from here, died after eating rotten flesh of dead cattle. The deaths had occurred during the last two months.

Hundreds of poor adivasis of Rayagada are suffering from anthrax as they have been living on rotting cattle flesh. Unable to buy rice or cereals as they have no means of livelihood, the adivasis have been driven by hunger to roam the nearby villages in search of dead cattle.

Several people are also suffering from diarrhoea, gastroenteritis and malaria. Five persons have died eating putrid flesh in a village in Kashi-pur block of Rayagada. Non-availability of medicines and absence of doctors have aggravated the situation. Only nine out of 19 primary health centres in the Rayagada subdivision are manned with medical staff.

CSO: 5450/0282

INDIA

BRIEFS

VIRUS FEVER EPIDEMIC—(PTO)—About 10,000 people have been affected by a virus fever in Dhar city during the last 15 days, with one or two members of every family among the affected, according to hospital sources. The district administration has taken steps to deal with epidemic. [Text] [Bombay THE TIMES OF INDIA in English 26 Jul 85 p 14]

GASTROENTERITIS IN THANE—Thane, 27 Jul—Two deaths from gastroenteritis have been reported from Mugaon village, under Kinhavli police station, in Shahpur Taluka of this district. According to a report today, eight others afflicted with the disease are improving. The report said preventive measures had been taken by the authorities and more than 620 men, women and children in the village had been so far inoculated. [Text] [Bombay THE TIMES OF INDIA in English 28 Jul 85 p 7]

RAIPUR GASTROENTERITIS DEATHS—Raipur, 30 Jul—Fourteen persons died within a fortnight owing to gastroenteritis in Chalha village of this district, according to reports reaching here today. The villagers, who informed the naib-tahsildar at Dharamjaygarh, 25 kms. from the village, were assured that necessary medical aid would be sent immediately. The sub-primary health centre, seven km. from the village, had neither a doctor nor medicines, they complained. [Text] [Bombay THE TIMES OF INDIA in English 31 Jul 85 p 15]

STATISTICS ON MALARIA—The number of malaria cases reported from the hospitals of the Municipal Corporation is running about 20 percent below last year's. The total until 20 July this year was 14,175 cases; the corresponding period last year saw 17,482; the comparative figure for 1983 was 16,268. Incidence of cerebral malaria has declined to 67 cases in MCD hospitals for the same period this year against 229 in 1984. For 1983, the comparative figure was 119. A MCD press note issued on Tuesday said the second round of anti-malaria spraying was going on in 27 sq. miles and should be completed by 5 August. It had collected 6.37 lakh slides for blood examination so far against 6.11 lakh last year (and 4.55 lakh in 1983). Citizens, it says, should get their blood examined as soon as they get fever and take the treatment against the disease for five days, if the result is positive. [Text] [New Delhi PATRIOT in English 31 Jul 85 p 3]

CHOLERA-AFFECTED AREA--(TOINS)--The collector, Mr G. R. Bedge, has declared the Akot tehsil as cholera affected area following a fresh outbreak of gastroenteritis. Thirty-six cases of the epidemic have been reported from the tehsil so far. [Text] [Bombay THE TIMES OF INDIA in English 1 Aug 85 p 15]

SICKLE CELL DETECTED--(TOINS from Udaipur)--Evidence of sickle cell disease, along with betathalassaemia and glucose 6 phosphate dehydrogenases deficiency has been detected among the tribal population of Rajasthan for the first time. The credit for the finding goes to Dr R. C. Jain of Ravindranath Tagore Medical College, Udaipur. The research project was sponsored by the Indian Council of Medical Research. The report of the finding was published in the INDIAN JOURNAL OF MEDICAL RESEARCH and this resulted in collaboration for advanced research on the disease in France. [Text] [Bombay THE TIMES OF INDIA in English 1 Aug 85 p 14]

GASTROENTERITIS EPIDEMIC--Two out of the 69 patients, affected by gastroenteritis died in the Igatpuri railway hospital, where they were admitted recently. Igatpuri city and taluka have been affected by the epidemic, caused by polluted water from the river Darna. Over 7,000 persons from 21 villages have been inoculated and other precautionary measures are being taken, it was officially stated. [Text] [Bombay THE TIMES OF INDIA in English 24 Jul 85 p 7]

CSO: 5450/279

INDONESIA

BRIEFS

MALARIA IN SOUTH SULAWESI--Ujungoandang, August 7 (ANTARA)--About 49,000 people were suspected of suffering from malaria in South Sulawesi during 1984. About 3,796 of them has now been determined as positively affected by the disease. However, the number of the malaria sufferers in the province decreases each year, I Wayan Dana, the head of the contagious diseases eradication service of the provincial health office stated Tuesday. In order to prevent the spread of the disease, the ministry has launched a control program by spraying DDT (Dichloro-diphenyl-trichloroethane) in the regions prone to malaria, especially in the transmigration regions, namely Luwi and Mamuju regencies. Other methods carried out to eradicate the disease are by conducting a malarimetric survey in order to obtain basic data. [Text] [Jakarta ANTARA NEWS BULLETIN in English 7 Aug 85 p A6]

GASTROENTERITIS IN WEST JAVA--Serang, August 12 (ANTARA)--Three people died of Gastroenteritis which broke out in Panimbang district, Pandeglang regency, West Java late July, 1985. As many as 119 people were affected by the contagious disease. Three of the victims were children aged three, four and seven. The head of the health service in Pandeglang, Dr A. Sadeli said Monday that the region is prone to Gastro-enteritis because of the lack of clean water. The disease has also broken out in Pontang district, Pegandikan and Kalapian villages, Serang regency, West Java since August 7, 1985. Three people died and 70 others suffered from the contagious disease that has hit the region for the second time. The first outbreak occurred in February 1985 claiming nine lives from 100 sufferers. In order to control the disease, health ministry's officials from Serang have sent medicine to the region. [Text] [Jakarta ANTARA NEWS BULLETIN in English 13 Aug 85 p A5]

CSO: 5400/4423

KUWAIT

ARAB HEALTH MINISTERS MEETING DISCUSSES CHOLERA

GF231056 Kuwait ARAB TIMES in English 22-23 Aug 85 p 4

[Text] Between 50 and 60 cholera cases are discovered in Kuwait each year and are promptly treated to avoid an epidemic, the Minister of Public Health and Planning Dr. 'Abd al-Rahman al-'Awadi said yesterday. Dr. al-'Awadi, who is head of the executive office of Arab Health Ministers, opened an emergency meeting in Kuwait of Gulf preventive medicine officials. He said the meeting was an opportunity to consult and negotiate on the affair to explore the state of "panic that is spreading in our society these days.

The disease had broken out in Kuwait earlier than was usual this year, he said, explaining "We expect it by late September and early October each year."

Dr. al-'Awadi explained: "We discover between 50 to 60 cases every year out of whom 25 are quarantined and all are adequately treated to avoid the spread of rumors and the panic that is going on now."

Five more cases of cholera were reported yesterday in Kuwait bringing the total number of cases confirmed to 30.

Dr. al-'Awadi told the conference: "I believe, as you well know, that the disease does not deserve all this fuss because we know that cholera has become an ordinary intestinal disease and less serious than other diseases," the minister said.

He claimed that countries neighboring that which was affected with a cholera epidemic tended to attach a kind of political importance to the affair and treated citizens of the country in an abnormal manner.

Dr. al-'Awadi said that Kuwait employed a strict preventive system that prevented the infiltration of such diseases into Kuwait. Kuwait is committed to international treaties and agreements that stipulate confidentiality as far as names are concerned of countries from which the cholera has been contracted, until that particular country announces it, he said.

The minister called on all participants at the meeting to study this phenomenon and appease the laymen who spread exaggerated rumors out of panic, which in turn bred false information on the reality of the situation. He also asked them to agree on ways to deal with cholera and other diseases that were considered important by the people.

The minister invited participants at the conference to visit the cholera patients and observe the progress of the treatment and the labs and preventive health divisions in which affected patients are quarantined.

Iraq's representative, Dr. Sa'dun al-Tikriti, hailed the health services in Kuwait and commended the preventive procedures.

Representatives of Iraq, Bahrain, Oman, the UAE, Qatar and the World Health Organization are attending the meeting.

CSO: 5400/4510

KUWAIT

BRIEFS

NEW CHOLERA CASES SUSPECTED--AL-ANBA' has learned that the number of cholera cases might increase in light of 20 new cases that entered the hospital for contagious diseases to undergo the necessary analyses and examinations. Those suspected of contracting cholera are the relatives of the four patients who have already contracted the epidemic disease. Hospital officials, in coordination with other health officials, are carrying out the necessary analyses to prevent distribution of the epidemic disease. AL-ANBA' has also learned that the three of the four people who have contracted cholera came from Pakistan and a neighboring Arab country, while the fourth patient has contracted cholera locally. [Summary] [Kuwait AL-ANBA' in Arabic 3 Aug 85 p 1 GF]

CHOLERA CASES DENIED--Kuwait, 10 Aug (WAKH)--The Kuwaiti Health Ministry has affirmed that the cholera cases registered at the Health Ministry number only four. The ministry said that two patients left the hospital last week, while the other two will leave the hospital this week. The Health Ministry denied a report by a local paper published today that 17 cholera cases were discovered at a bachelors' housing quarters. The ministry said that all the cholera patients that have been registered at the Health Ministry came from outside Kuwait. [Text] [Manama WAKH in Arabic 1410 GMT 10 Aug 85]

MORE CHOLERA CASES--Kuwait, 15 Aug (WAKH)--Four more cases were detected here among arrivals from abroad and were receiving treatment in hospital, an official source at the Kuwaiti Public Health Ministry said Thursday. The source added that the patients condition is satisfactory. The number of cholera patients since the beginning of this summer reached ten, of whom four left the hospital and the other six still receive necessary treatment. [Text] [Manama WAKH in English 1550 GMT 15 Aug 85]

CSO: 5400/4510

LIBYA

CASES OF PLAGUE AMONG TUNISIAN, EGYPTIAN WORKERS CLAIMED

LD261019 Tripoli JANA in Arabic 0700 GMT 26 Aug 85

[Text] Tripoli, 26 Aug (JANA)—The Egyptian AL-AKHBAR yesterday—Sunday—said that the health authorities at Sallum [on the Egyptian-Libyan border] have declared a state of emergency and begun to apply health quarantine measures following the discovery of plague among the Egyptian workers who have arrived at Sallum from Libya.

AFP has reported this quoting the Egyptian AL-AKHBAR. The Jamahiriya's People's Health Committees, in commenting on this news, have confirmed that a considerable number of Tunisian and Egyptian workers are victims of this disease. The People's Health Committees in the Jamahiriya have advised the states whose workers have returned from Libya of the necessity of taking the necessary health precautions.

CSO: 5400/4605

MALAYSIA

BRIEFS

DENGUE CASES IN JULY--Forty-two dengue and dengue hemorrhagic fever cases were reported in Malaysia in July--the highest number for a single month this year. The director of the vector-borne disease's control program in the Health Ministry said this in a statement issued in Kuala Lumpur on 21 August. He said the Health Department is intensifying antiaedes activities. He advised the public to destroy all aedes-breeding grounds as the number of dengue fever cases tend to increase in the coming 4 months.

[Text] [Kuala Lumpur International Service in English 0800 GMT 21 Aug 85 BK]

CSO: 5400/4424

NEPAL

DYSENTERY, GASTROENTERITIS KILL 400

HK210744 Hong Kong AFP in English 0714 GMT 21 Aug 85

[Text] Katmandu, 21 Aug (AFP)—Dysentery and gastroenteritis have killed at least 400 people recently in Nepal's Illam District, wiping out all the children in some villages, a legislator has told the national assembly.

Official statistics have put the death toll from these diseases in western Nepalese districts in the past eight to 10 weeks at [at] least 2,000 people.

National Panchayat (Legislature) member Bhagbati Das Shrestha yesterday said that at least 400 people had died in 16 villages in Illam District, 340 kilometers (250 miles) northeast of Katmandu.

He said most of them were children and that all the children of some of the villages had died. Mr Shrestha represents Illam District and is chairman of the finance committee.

Also a strong critic of Prime Minister Lokendra Bahadur Chand, Mr Shrestha demanded that the government institute "speedy and effective measures" to control the situation.

A government health spokesman responded that medicine and medical teams had been sent from the district headquarters.

Mr Shrestha said the diseases had come to Nepal through migrants from Bangladesh, where there was an outbreak following a devastating storm earlier this year.

Gastroenteritis and bacillary dysentery commonly strike Nepal's mid-mountainous regions during monsoon season because food transport is cut off by flooding and residents are forced to drink polluted water, he said.

CSO: 5400/4710

NIGERIA

CEREBRO-SPINAL MENINGITIS ON THE DECLINE

Kaduna **NEW NIGERIAN** in English 1 May 85 pp 1, 7

[Text] Although seventeen persons have so far this year died from Cerebro-Spinal Meningitis (CSM) in Gongola, Kaduna and Borno states, the deadly disease appears to be on the decline.

Through mass vaccination and public enlightenment about the danger of the disease, it appears, from a New Nigerian survey in Niger, Kaduna, Gongola, Kano and Sokoto states and Abuja, that the disease is gradually being brought under control.

A report sent in by Abu Tapidi, in YOLA showed that ten people out of 38 cases reported in five Local Government Areas have died of meningitis.

Chairman of the Health Services Management Board, Alhaji Mukhtari Bello, told the New Nigerian that the outbreak of meningitis was reported in Bali, Mubi, Pufore, Karim Lamido and Michika Local Government Areas of the state between January and March.

Alhaji Mukhtari said four people out of 19 cases reported from Mubi died; four died out of 26 cases reported in Bali, two died out of four cases in Michika; one died out of seven cases in Karim Lamido and two cases with no death in Pufore local government.

He said 15,000 doses of the CSM vaccines, equipment and personnel were dispatched to the state by the Federal Government immediately the outbreak of the disease was reported.

Five persons died of meningitis out of the 22 cases reported in Kaduna State between January and March, Cordelia Ezugwu reports.

A breakdown of the figure showed that Malumbashi Local Government had 13 cases with one death followed by Kankia Local Government with seven cases and no death.

Commissioner for Health and Social Welfare, Malam Musa Yerima told the New Nigerian, that 14,400 doses of meningitis vaccine had been used in the state under the Expanded Programme on Immunisation (EPI).

He said his ministry had received 15,000 doses of meningitis vaccine which had already been distributed to all the Local Government Areas to enable them launch their own EPI campaigns.

Malam Musa said boarding schools, rehabilitation centres, prisons, military barracks and other crowded institutions are areas of immediate attention because such places are more prone to the disease.

He said also some of the 2.5 million Naira worth of drugs, dressing materials and hospital equipment ordered by his ministry in February have started arriving.

A report from our Borno State Editor, Abdullahi Idris, said two persons out of 36 cases recorded in the state so far, have died.

Dr. A. Jibril, Principal Medical Officer, Borno State, Health Management Board, told the New Nigerian in Maiduguri one death was recorded in Maiduguri and the other in Biu.

He said 11 cases were treated in, Maiduguri and the rest in other parts of the state.

Dr. Jibril said because of less heat this year and early rainfall, the incidence of disease had been greatly reduced, adding that it was far lower than in previous years.

Dr. Jibril said mass vaccination in 1980 had helped in controlling the dangers of meningitis, adding that the people were now vaccinated immediately the disease was reported in any area and its environs. [as published]

He however said that even in temperate areas, Meningitis struck and in the tropics between March and June when humidity drops, the disease resurfaces in the carriers.

Dr. Jibril said the carriers could however be detected and treated with sulphuradine.

In KANO, our reporter Yusuf Osi Uman reported that less cases of cerebro-spinal-meningitis were recorded.

Commissioner for Health, Alhaji Muhammadu Yankwashi Kazura, told the New Nigerian that minor reports of the killer disease were received and that the victims were successfully treated.

According to him, there was no report of deaths.

In SOKOTO, Ibrahim Salihu reports that the government had successfully controlled the annual menace of meningitis. Only one case of the disease has so far been recorded this year.

Commissioner for Health, Mrs. Fatima Balaraba Ibrahim told the New Nigerian that the only case was recorded in Yauri Local Government and it was not serious.

From ABUJA, Mike Rais said no case of meningitis (CSM) had been reported in the Federal Capital Territory this year.

Director of Health for the territory, Dr. Ahmed Attan, however, said arrangements had been made to combat any outbreak of the disease and similar infections in the territory.

He said public health department of the territory had carried out massive education of people within the territory on basic rules to observe to prevent outbreak of diseases.

From MINNA, Olu Omole reported that no single case of the killer disease cerebro-spinal-meningitis (CSM) has been reported in Niger State.

Head of Medical Services, Dr. M. A. Halilu, told the New Nigerian that the existence of the disease could not be ruled out but as far as he knew no case of such disease had been reported this year in any part of the state.

CSO: 5400/177

NIGERIA

BRIEFS

CHILDREN IMMUNIZED—About 28,776 children have been immunized against measles in seventeen states of the Federation since the Expanded Programme on Immunisation (EPI) started, from January to April. The programme envisages a total eradication of various childhood diseases. These figures were made available to the New Nigerian from reports received at a first national review workshop of directors, state government representatives, federal and voluntary organisations involved in the programme, held at Durbar Hotel, Kaduna. The figures of 28,776 children now immunized was from a target population of 868,400 in two years. 2,866 cases of tuberculosis in children have been covered in Kaduna, out of the target population of 33,000 while in Owerri, Imo State 4,420 polio cases were covered. Earlier, the chairman of the workshop, Chief Consultant Epidemiologist, Federal Ministry of Health, Lagos, Dr. A. O. O. Sorungbe had told newsmen that the shortfall of achievement of the targetted percentage of the area of coverage of some states was due to the conflicting time of launching the programme. He said the workshop was conducted to mobilise people to the next launching of the programme at local government level adding that the trend now was good since most of the diseases were being eradicated. Dr. Sorungbe said 150 local governments would be covered by the end of this year. [Text] [By Shitu Saude] [Kaduna NEW NIGERIAN in English 6 Jun 85 p 16]

GUINEA-WORM REDUCED IN KWARA—The incidence of guinea worm infection in some areas of Kwara has been reduced by 90 per cent, the out-going UNICEF representative in Nigeria, Mr. Richard Reid, has said in Ilorin. Speaking during a farewell visit to the State Governor, Group Capt. Salaudeen Latinwo, Mr. Reid expressed optimism that the disease would soon be completely eradicated. He attributed the success so far achieved in eradicating the disease to the availability of clean water from hand-pump boreholes provided under the UNICEF-assisted water project. He said that about 50 boreholes had been sunk in the Asa Local Government Area of the state and added that the project would soon begin in the More Local Government Area. Mr. Reid also said that the Expanded Programme on Immunisation (EPI) in the Ilorin Local Government Area had made spectacular progress. Gov. Latinwo commended the efforts of Mr. Reid, pointing out that his efforts in the area of sanitation and provision of clean water had helped in making the people aware of the need for clean water and a decent environment. He said that the state government would keep up the momentum of the good work the organisation has done in the state. [Text] [Kaduna NEW NIGERIAN in English 6 Jun 85 p 7]

MEASLES OUTBREAK IN RAFI--An outbreak of measles has been reported at the Rafi local government area of Niger State. The disease had already claimed lives of about 61 children only last week. In a statement issued by the Health Superintendent for the local government, Malam Ishiaku Bawa Musa, said many more cases were being reported every day. He explained that inavailability of vaccines for the disease was making the control of disease very difficult. Malam Ishiaku then urged the state government to make the vaccines available in order to save innocent lives and also called on the people of the area to report further cases of outbreak to the nearest clinic. It would be recalled that only last month, about 80 lives were lost in the Suleja local government area as a result of the same disease while 56 children died at Gbako local government area in January this year. [Text] [Kaduna NEW NIGERIAN in English 9 May 85 p 11]

CSO: 5400/175

PEOPLE'S REPUBLIC OF CHINA

MILITARY SYMPOSIUM ON EPIDEMIOLOGY SUMMARIZED

Beijing JIEFANGJUN XIYUE ZAZHI /MEDICAL JOURNAL OF CHINESE PEOPLE'S LIBERATION ARMY/ in Chinese No 2, 20 Apr 85 pp 151-152

/Article by Chen Youji /7115 0645 4921/ of the Military Medical College: "A Summary of Papers From the Second Military Symposium on Epidemiology"/

/Text/ The Second Military Symposium on Epidemiology was held in Chongqing from 28 October to 1 November 1984. The symposium received a total of 109 papers and literature surveys. The papers on viral hepatitis, infectious diarrhea, epidemic hemorrhagic fever and other areas, on which discussion was focused, are summarized here.

I. Viral Hepatitis

The level of viral hepatitis research has improved substantially since the first symposium. In particular, research designs are more rational, having adopted solid phase radio-immunity, DNA molecular hybridization and other sensitive detection techniques. Consequently, problem exposition is more thorough and achieved results are more reliable. However, problems still remain: non-unified and nonstandard methods, incomparable results and simplistic, repetitive research content.

Based on a survey of certain naval troops, the incidence of viral hepatitis in 1983 was 3.1 percent, with a higher rate of incidence among land-based personnel (5.7 percent) than among those on sea duty. At present, hepatitis-B is still predominant in the armed forces: for example, a serological typing of acute viral hepatitis patients accepted for treatment at the Jinan Military Region Hospital indicated that 42.6 percent of the cases were hepatitis-B. According to surveys, the current HBV infection rate in the armed forces is approximately 63 to 72 percent, and the HBsAg positive rate is 6.2 to 12.7 percent. The anti-HBs positive rate differs widely due to inconsistent detection methods. Anti-HBc detection is done primarily with ELISA, but even if reagent produced by the same unit is used the results differ widely and the positive rate ranges from 9.6 percent to 70.3 percent. Evidently, operating methods and judgment standards have yet to be unified. Similar problems persist with the use of ELISA to detect the e system, and in those testing positive for HBsAg the rate of HBeAg detection ranges from 23.3 to 48.6 percent and anti-HBe ranges from 12.5 to 32.6 percent. Generally it seems that methods are insufficiently sensitive and the detection rate is biased downward.

The anti-HAV positive rate in the armed forces is 65.7 percent (ELISA method) to 78.5 percent (SPRIA method), so it appears that the level of troop immunity to hepatitis-A is rather high. Nine outbreaks of hepatitis-A were reported from Beijing, Tianjina, Wuhan, Jinan and other areas, and, of these, five occurred in the armed forces, with a 14.3 to 42.6 percent incidence. Due to consumption of polluted river water, some 75 cases of acute hepatitis occurred in a certain company of new recruits within 2 months, and 45 of these cases were jaundiced. Through anti-HAV IgM detection these cases were verified as hepatitis-A. Therefore, it should be of concern to armed forces health and epidemic-prevention departments that the possibility remains for hepatitis-A epidemics to occur among troops under wilderness conditions, particularly in the case of new recruits who may not observe precautions. Nowadays hepatitis-A occurs primarily in children. According to epidemiological research conducted on outbreaks of hepatitis-A at four Xi'an childcare organizations, hepatitis-A among children is transmitted for the most part through direct contact. After one epidemic there may be 35 to 50 percent acquired immunity among children.

Based on a survey of the circumstances of viral hepatitis infection among new recruits in troop ranks from 1982 to 1984, the positive rate for anti-HAV among new recruits is around 85 percent (using ELISA or SPRIA methods). The HBsAg carrier rate is generally 6 to 10 percent, with rather wide differences possible among new recruits from different areas. According to the results of a post-induction re-examination conducted on 4,297 new recruits inducted into 3 units in various military regions in November 1983, there were 263, or 6.1 percent of the new recruits, who met discharge terms due to hepatitis or HBV carrier status.

Based on seroepidemiological studies of the state of HAV and HBV infection among 613 workers at certain general hospitals, the anti-HAV positive rate (by SPRIA method) was 87.9 percent and the HBV infection rate was 63.6 percent. A survey of the state of HBV infection among 254 workers at certain special stomatology hospitals revealed a 74.6 percent HBV infection rate among the hospital nursing staff, a rate which also increased with age and length of time on the job.

From studies of the role of asymptomatic HBsAg carriers as the sources of infection among students at some military academies, it has been seen that in classes where there are HBsAg carriers positive for HBeAg, HBV-DNA and Dane particles, 3.7 percent (man-year) of the students acquire HBV serum markers within 2 years. By contrast, in classes where there are only HBsAg carriers who are negative for HBeAg, HB-DNA and Dane particles, the acquisition rate is 1.4 percent, and where there are no HBsAg carriers the rate is 1.1 percent. This indicates that HBsAg carriers who are positive for HBeAg easily transmit HBV (RR=3.51) to those in daily close contact with them, whereas carriers of only HBsAg pose little danger to the people around them. Evidently, contact contagion in daily life is the major path of HBV infection in communal living. It is confirmed through a survey of the Beijing suburban countryside that the major path of HBV infection is intimate contact within the household, though HBV infection in the household is primarily associated with contact with hepatitis patients positive for the HBV label, or with those positive for HBsAg (EF=0.38).

Three injections of Chinese-produced HB vaccine in 46 healthy medical administrative personnel negative for HBV serological markers confirmed the safety and effectiveness of the vaccine. At 328 days after the first injection the HBs response rate was 95.6 percent, the titer averaging 1:33.5.

Etiological research on batches of people with elevated SGPT from among the general public revealed, out of 17 cases, 1 case of recent HAV infection, 1 pathologic diagnosis of chronic latent hepatitis and 15 remaining cases of minor hepatitis possibly brought about by NANB virus.

II. Bacillary Dysentery and Infectious Diarrhea

Bacillary dysentery: Epidemiological analysis of the state of bacillary dysentery from 1950 through 1981 in Kunming Military Region revealed a 29.85 per thousand annual incidence of bacillary dysentery. The disease onset figure for this disease represented 42.8 percent of the total incidence of contagious diseases. In Chengdu Military Region the incidence of bacillary dysentery from 1964 through 1983 fluctuated from 6.90 to 22.57 per thousand. Generally there was a declining trend: the incidence of bacillary dysentery had declined by more than one-fourth in 1983 as compared with 1964.

Currently, Fu's /5958 Flexner's?/ bacillus is predominant in the armed forces. From 1981 through 1983, of the 600 strains of dysentery bacilli isolated in Kunming Military Region, 86 percent were Fu's bacillus, of which type Ia was predominant, representing 60.9 percent. Of 238 strains of dysentery bacilli isolated from Sichuan Military District during the same period, 91.2 percent were Fu's bacillus. However, of the strains of bacilli isolated during the outbreak of bacillary dysentery among troops in Beijing Military Region, the proportion of Sonne's bacillus was quite high, representing 30.2 percent of the cases. It is worth noting that of the 237 strains of dysentery bacilli isolated from various regions in from 1982 through 1983, Fu's bacillus made up only 46.4 percent, whereas the Shiga bacillus group represented 47.7 percent, nearly all of which (110/113) was type-I. The Shiga bacillus group is predominant among classic dysentery patients: it is clinically more severe, the course of illness is rather long and curative results are somewhat deficient.

Infectious diarrhea: In research on the bacterial pathogen responsible for acute spring and summer season diarrhea in the Wuhan area, differences were discovered between the pathogenic bacteria in adult and child patients. Among adults the dysentery bacilli (representing 43.1 percent of the number of isolated strains) were predominant and pathogenic *Escherichia coli* /E. coli/ (25.9 percent) were secondary, whereas among children the pathogenic *E. coli* were predominant (43.9 percent) and the dysentery bacilli were secondary (33.3 percent). Of the pathogenic *E. coli*, enterotoxin-producing colibacilli were predominant (34/40). From June through August 1983 120 strains of pathogenic bacteria were isolated from acute diarrhea stool samples in the Beijing area, and, of these, *Bacillus dysenteriae* represented 52.5 percent and jejenum curved bacilli were secondary (20.0 percent). A colibacillus LT gene probe was used to do an in situ colony hybridization check on the *E. coli* isolated from children with diarrhea, and the LT⁺-ETEC positive rate was 37.6 percent (64/146). This demonstrates that the gene probe detection method is a useful

tool in epidemiological surveys. In the Kunming region stools from 114 cases of autumn and winter season diarrhea in infants were tested, and 62 cases (54.4 percent) of rotiform viruses, 6 cases (5.3 percent) of adenoviruses and 5 cases (4.4 percent) of stellate viruses were detected.

In March 1984, 643 cases--a 39.5 percent troop incidence--of epidemic diarrhea occurred within 19 days among certain troops and stationed residents of Jilin Military District. In the investigation it was discovered that the epidemic was attributable to pollution of the tap water by residents' domestic waste water. After bleaching powder was used to sterilize the drinking water the epidemic abated immediately.

Bacillary bromatoxism: This conference reported on several instances of bromatoxism caused by mouse typhus *Salmonella*, *Salmonella* in diseased cattle, St Paul *Salmonella* or staphylococci arising from consumption of cold vegetables in sauce or prepared foods that had been stored too long. The outbreaks of illness varied from 36 to 288 cases and the incidence ranged from 14.9 percent to 94.7 percent. This illustrates that prevention of bromatoxism remains to be enhanced in the armed forces.

III. Epidemic hemorrhagic fever: Due to the popularization of epidemic hemorrhagic fever (EHF) antigen/antibody detection techniques and the success of viral cell cultures, our research level has increased significantly. From May through July 1982 there was an EHF epidemic in certain construction forces in the northeast. A total of 106 cases arose within 39 days--a 25.5 percent incidence--and there were no deaths. Verification was accomplished through immunofluorescent antibody tests on patient serum. Vero E₆ cells were used to isolated 17 strains of EHF virus from 17 early-onset serum samples. Direct immunofluorescence was used to detect EHF-correlated antigens in the lungs of greater forest j1 /1213/ mice and black-backed voles captured on the site, thus verifying that these two rodents were the hosts of the epidemic hemorrhagic fever virus in that area. A year later (from April through September 1983) a survey of this epidemic focus was made that verified the basic correspondence between the periods of time in which these rodents carry the virus and humans contract the disease. An analysis of 13 hemorrhagic fever epidemics in Shenyang Military Region illustrates that incidence varies from 1.7 percent to 73.6 percent. The epidemics occurred between April and July, were most frequent in May (6 out of the 13) and persisted from 4 to 55 days, averaging 24.3 days. Ten of the epidemics occurred in the meadows and dry grasslands of forest-zone mountain valleys, 3 occurred in agricultural production units and 1 arose in a construction unit. The primary reasons for epidemic outbreaks in the armed forces are the inability to carry out epidemiological reconnaissance prior to entering an epidemic area; inappropriate selection of quarters; lack of good rodent control, rodent extermination and health propaganda and education work; and the lack of prevention and control expertise among troop personnel. Investigations of certain epidemic foci illustrate that different degrees of positive EHF antibody rates are detected in brown rats, black-striped j1 mice and house mice. In 1984, an investigation was conducted in Nanjing Military Region on a case of EHF that occurred in an animal keeper. It was confirmed that the disease was transmitted to the man through laboratory white rats. The rates of positive EHF antigens and (or) antibodies detected in the white rats was 40.9 to 46.1

percent, and 5 strains of EHF virus were isolated. Thus it was proven that white rats in this are of origin naturally harbor the EHF virus and can transmit the infection to man. Consequently, it is believed that an EHF monitoring and quarantine system should be established for laboratory white rats.

On the basis of 12 years of prevention and control work on Xihu Farm in Nanjing Military Region, it was suggested that five indicators--rodent concentration, rodent toxin rates, rodent antibody levels, antibody levels in healthy people and overall incidence--are the bases for judging the degree of epidemic focus activity, forecasting epidemics and assessing the effectiveness of prevention measures. It is believed that to control epidemics it is only necessary to keep rodent concentrations below 1 to 2 percent. Generally speaking, the quality of papers at this conference was higher than that of papers at the previous conference, however some problems persist in research design, laboratory methods and scientific research organization and coordination. These need to be improved upon and resolved in the future.

12510

CSO: 5400/4144

PERU

BRIEFS

UNIDENTIFIED EPIDEMIC STRIKES CHILDREN--Lima, 7 Aug (AFP)--Two congressmen reported today that 18 children have died in 3 days of an unknown epidemic in a remote town in Los Andes, 400 km northeast of Lima. Deputy Hector Huerto and Senator Andres Quintana said that the epidemic has been detected in Collabamba, Huamalies Province, Huanuco Department, and that the symptoms are high fever, cough, skin granulation, infection in the mouth, and blood in the sputum. [Text] [Paris AFP in Spanish 2211 GMT 7 Aug 85]

CSO: 5400/2091

PHILIPPINES

NO GOVERNMENT DOCTORS VISIT TINGLAYAN TYPHOID SCENE

Baguio City THE GOLD ORE in English 13 Jul 85 p 3

[Text] TINGLAYAN, Kalinga-Apayao: No doctor has visited this typhoid-inflicted area since reports of an epidemic were first forwarded by the village in November 1984. Kalinga-Apayao health authorities have not been able to adequately respond to requests for medical assistance in Dananao, a barrio in the municipality of Tinglayan, southern Kalinga.

A medical and relief mission visited the area from July 7 to 9. The mission, sent by the Cordillera People's Alliance Commission on *People's Welfare*, set up a two-day clinic to treat typhoid-afflicted villagers. Some 295 out of 847 Dananao residents submitted themselves for consultation. However, medication for only seven patients had been

brought in by the visiting team.

The team also interviewed Dr. Rey Cruz, attending physician of a Mission Hospital in Tinglayan. Dr. Cruz said that, as of this year, 50 cases of typhoid had already been reported. 17 deaths were attributed to typhoid. 19 patients have been hospitalized for typhoid treatment. Of the 19, there are now 11 confined at the Tinglayan Mission Hospital. All victims were from Dananao.

Besides typhoid, vitamin deficiency and anemia were also rampant. Children were afflicted with upper respiratory infection and rheumatic heart diseases. One case of measles was reported, and because of lowered physical resistance among the people,

the possibility of an epidemic break-out was being considered.

To this area which has been badly ridden with poor health conditions, two doctors from a Medical Action Group based in Manila have only recently been sent. The doctors are expected to hold clinic in Dananao from July 12 to 13. They are also expected to visit the barrios of Buscalan, where at least two cases of suspected typhoid have been reported.

Interviewed in Bontoc on July 10, the doctors said that the typhoid epidemic in Dananao will still have no hope of letting up, despite their visit, until the water source which has been carrying the disease will have been identified.

CSO: 5400/4422

12 September 85

ROMANIA

SWEDISH AGENCY WARNS TOURISTS OF SALMONELLA DANGER

Stockholm DAGENS NYHETER in Swedish 24 Jul 85 p 6

[Article by Cecilia Axelsson and Wolfgang Hansson: "Swedish Pressure on Romania: Stop the Salmonella"]

[Text] Tourists in Romania run a greater risk of salmonella poisoning than travelers to the Mediterranean. The National Bacteriological Laboratory (SBL) found this out last Tuesday while checking statistics. The SBL has now demanded that the Romanian health authorities improve hygienic conditions.

For several years the SBL has noted that many salmonella-poisoned people have been to Romania. At the beginning of summer this year, when several cases of salmonella poisoning were noted, the SBL wrote to the Romanian authorities and pointed out that something needs to be done.

34 Cases

No reply has been received and after the statistics were checked last Tuesday, another communication was mailed.

"So far this summer 34 cases of salmonella poisoning have been noted in Romania," says Britt Christensson, associate professor at SBL. That constitutes as many poisoning cases as from all the Mediterranean countries together.

The SBL wants the hygienic conditions at hotels and restaurants improved and wants the source of the contamination found.

"It ought to be fairly easy to do in this case, since it concerns the same strain of salmonella in all the cases," says Associate Professor Christensson.

Maud Widlund in Vasteras is an especially unlucky tourist. She is the only tourist to Romania to have been infected with bacillary dysentery, considerably more contagious than salmonella and with more painful symptoms.

On Sick-list

"Four hours after dinner at the hotel, before we were to leave for home, I got a terrible stomach-ache. When we flew home I had a temperature of 104 and

when we arrived at Borlange airport I fainted. The pain was terrible, just like labor pains."

Four weeks after her arrival home, Maud Widlund is still on sick-leave. She may only start work again after five tests have been free from infection.

DAGENS NYHETER has talked to two of the travel agencies that run tours to Mamaia, the large goal for charters to Romania. They do not think that the information, up to now, is serious enough to issue special warnings when tour reservations are made.

Hakan Kjellander at the Reseledaren says that, of course, the travel agencies are going to act.

He is going to get a copy of the communication from the SEL and will try to influence the local authorities by using it.

It is very difficult to receive a refund after the vacation has been spoiled by illness.

"It is not a rule within the trade to make refunds. The risk for stomach ailments when traveling abroad is always there," says Hakan Kjellander.

At this time of the year, at least 1,500 Swedes per week are on charter trips to Romania.

12339

CSO: 5400/2550

SOUTH AFRICA

WAVE OF GASTRIC FLU, CHICKENPOX IN EASTERN CAPE

Johannesburg THE STAR in English 10 Aug 85 p 4

[Text]

PORT ELIZABETH — Outbreaks of flu, gastric flu and chickenpox have put hundreds of pupils and adults to bed here.

The wave of illness coincides with several cases of meningitis, which has already claimed the lives of three people in the Eastern Cape.

Alexander Road High School, where 252 children are off with flu, has cancelled weekend rugby matches and may scrap hockey matches too, says headmaster Mr Brian Heath.

Other schools are also battling to fill sports teams for weekend fixtures.

The headmaster of Herbert Hurd Primary School, Mr L. Liss, said his rugby, hockey and tennis teams were so depleted he was considering cancelling matches. Coaches were electing players from lower teams to get a first team together. He said between 70 and 80 pupils were sick.

Chickenpox has broken out in Grey High School, according to a spokesman, where 148 pupils are absent from classes.

Six teachers and several pupils were down with gastric flu at Lawson Brown High School.

A spokesman for Alexander Road High School said 252 of their 803 pupils were off with flu.

At Westering High School about 200 of the 700 pupils and six teachers were off sick. There were now no teachers for some classes, a school spokesman said.

The headmaster of Otto du Plessis High School, Mr J Visagie, said only 30 of his 730 pupils were off sick — and no teachers so far. But he had had flu, and "felt terrible".

Flu has also hit businesses. A receptionist for a partnership of doctors said "hundreds of patients" were coming in for treatment. A doctor elsewhere in the city said he had been "rushed off his feet".

CS01 5400/180

SOUTH AFRICA

BRIEFS

8 TREATED FOR AIDS--About eight men are being treated in Cape Town for AIDS after traces of the virus were discovered in their blood. Some of the victims merely showed the initial symptoms of the disease, but at least one man is seriously ill, says his doctor. [Text] [Johannesburg BUSINESS DAY in English 2 Aug 85 p 2]

TYPHOID KILLS 3 IN NATAL--Typhoid near Thornville has killed three people and 30 people with the disease have been admitted to Edendale Hospital, in Pietermaritzburg, in the past fortnight. The outbreak occurred at Hopewell, which has a population of about 3,000. Dr Patrick Lowe, deputy medical superintendent at Edendale Hospital, said those who died were Mrs Rhoda Sithole (26), Mr Simon Lembede (25), and Mrs Xolisava Mtolo. The outbreak was caused by an inadequate supply of fresh water, according to Dr Lowe. Water was being sent to the area in tankers and supervisors have been appointed at the watering points to ensure that each family is allocated 40 litres. [Text] [Durban THE DAILY NEWS in English 12 Jul 85 p 3]

CSO: 5400/180

SUVA

OUTBREAK OF FLU IN SUVA REPORTED

Suva FIJI SUN in English 14 Aug 85 p 4

[Text] Suva people are facing a serious outbreak of an influenza type of virus.

A private doctor said in Suva yesterday that the outbreak was not as serious as the last one that occurred early this year, but it was certainly spreading.

"It could become worse if the sort of weather we are having now, wet and dam, continues," she said.

On the average about 20 patients are being treated in a day for about 2 weeks now, she said.

Another private doctor in Suva said he had been treating about 10 patients a day, for severe headaches and sore throats.

The most common characteristic of the virus is severe headaches, sore throats and fever, he said.

The severe headaches are caused by the virus attacking the covering of the brain, the doctor said.

A patient took 5 to 7 days to fully recover, the doctor said and he has advised patients to take panadol or aspirin and to drink plenty of liquids.

For patients suffering from very severe headaches, he has advised them to consult a doctor.

The strain of the virus has not been identified and a spokesman from the Wellcome Laboratory said they were still waiting for specimens from the doctor.

He said they needed more samples in order to identify the virus.

CSO: 5400/4421

THAILAND

MALARIA INCIDENCE NATIONWIDE, IN BORDER PROVINCES REPORTED

Bangkok MATICHON in Thai 17 Jun 85 pp 1, 2

[Article: "160,000 Thais Have Malaria"]

[Text] The Malaria Division has stated that there is a serious epidemic of malaria. Nationwide, 160,000 people have malaria. Ten border provinces have the largest number of patients. Since last year, the number of people with malaria has increased by more than 50,000. This stems from the war in Cambodia. Marut Bunnak, the minister of public health, has ordered the Communicable Disease Control Department to take urgent action to stop the spread of this disease. Whenever people see someone with malaria, they should inform officials as quickly as possible.

Dr Yenchit Thongsombun, the head of the Epidemiology Section, Malaria Division, Communicable Disease Control Department, discussed the fact that there is presently an epidemic of malaria. She said that many people in all regions of the country have malaria. A survey conducted in fiscal 1984 showed that approximately 165,495 people, or 55.6 percent of all people with illnesses, have malaria.

Dr Yenchit said that at present, malaria is most prevalent in Tak, Kanchanaburi, Prachinburi, Trat, Chanthaburi, Rayong, Chonburi, Sisaket, Yala and Songkhla provinces. The province with the greatest number of malaria cases, 33,062 cases, is Tak Province. Since 1983, another 55,788 people have contracted malaria.

As for why there is now an epidemic of malaria, Dr Yenchit said that this stems in part from the fighting along the Thai border. Many people have fled into Thailand, and many of these have malaria.

Dr Yenchit said that blood tests for malaria were done on 6,615,389 people. Of these, 297,639 had malaria (as published). Besides this, most of those with malaria, that is, 209,550, had the *P. falciparum* type. This was followed by those with the *P. vivax* type, 87,221 cases; a combination of malaria parasites, 822 cases; and the *P. malariae* type, 46 cases.

Dr Yenchit said that even though malaria officials have made a great effort to prevent the spread of malaria, they have not been able to wipe out malaria. The blood tests done on patients in general indicate that the incidence of malaria has increased 13.22 percent. It has been possible to cure only 5.5 percent of those with malaria.

"Doctors are trying to control this disease. However, it is impossible to control this disease efficiently since most of those with this disease are refugees from abroad," said Dr Yenchit. Mr Marut Bunnak, the minister of public health, discussed the malaria epidemic. He said that this is the rainy season, and the incidence of malaria always increases at this time of the year. In the provinces that border Cambodia, Laos and Burma, there are many refugees who have fled the fighting in those countries. Many of these people have malaria. Thus, the incidence of malaria in nearby provinces has increased greatly.

Mr Marut said that he has ordered the director-general of the Communicable Disease Control Department to find a way to end the malaria epidemic as quickly as possible. But it will be very difficult to do this since this is the season in which this disease spreads. The parasites can spread very quickly.

"Officials need the cooperation of all people. Whenever they see someone with this disease, they should quickly inform officials in order to halt the spread of these parasites. Because if nothing is done, these parasites can spread to various locations very quickly," said Mr Marut.

11943

CSO: 5400/4416

THAILAND

INCIDENCE OF PREVENTABLE DISEASES, MORTALITY REPORTED

Bangkok MATICHON in Thai 6 Jul 85 pp 1, 2

[Article: "Patients Die After Being Given Rabies Vaccinations; 1,000 Patients At 5 Hospitals Examined"]

[Excerpt] Dr Winit Atsawasena, the director-general of the Communicable Disease Control Department, Ministry of Public Health, told MATICHON that in 1984, more than 27,000 people had preventable diseases such as measles, tuberculosis, polio, diphtheria, whooping cough and tetanus. Of these, more than 200 died; most were children. Many of these people will be crippled for life. The reason for this is that few parents have their children inoculated against these diseases.

Dr Winit said that children who have been given inoculations will be immune to these diseases even if they should come in contact with the diseases. In particular, it is safe to give the tuberculosis vaccine to newborn babies. Babies 2 months old should be inoculated against various diseases such as polio, whooping cough, diphtheria and tetanus. Two injections should be given 3 months apart. If a child is not taken in for the booster shot at the stipulated time, he or she should be taken in as soon as possible. When children are 9-12 months old, they should be vaccinated against measles. A single vaccination will provide life-long protection against this disease. Pregnant women should receive 2 tetanus shots 1 month apart. This will protect the child against tetanus at birth.

Dr Winit said that parents can have their children inoculated free of charge at any public health service center in Bangkok or at any Ministry of Public Health hospital or health clinic.

A news report from the Epidemiology Division, Ministry of Public Health, stated that the division has received a report from the Bamratsanaradun Hospital stating that one patient who had been given an injection of a sample rabies vaccine had died. After being given the vaccine, the patient had been admitted to the hospital, where the patient died. Thus, the hospital officials conducted an investigation among those who had been given vaccine from the same lot and from other lots used at the same time at five hospitals in Bangkok, that is, the Bamrat,

Sirirat, Rama, Chulalongkorn and Children's hospitals. Those who had been given this vaccine and who had experienced side effects within 30 days were examined.

Of the 722 patients who had been given this vaccine, 6 were found to have developed brain disorders. All of these were males ages 8, 9, 26, 30 and 31. The one who had died was a 30 year old man. He had been given a 14-day series of 5cc injections beginning the day after he was bitten by a dog. He began to show symptoms after 4 days and died 13 days later.

11943

CSO: 5400/4416

THAILAND

BRIEFS

SYPHILIS CASES--It is said that 1.5 million Thais have syphilis. Government criticized for not giving attention to this. The number of cases is expected to rise because of all the temptations in the city. Dr Somnuk Wibunyasek, the president of the Disease Prevention Association, told MATICHON that the number of people with syphilis is increasing every year. This is because the government has not provided the people with sufficient information about the initial symptoms of this disease. Also, there are hospitals and clinics everywhere and so the state has not given much attention to the sick. Dr Somnuk said that figures from the communicable Disease Control Center show that 300,000 people have syphilis. Actually, the number is about five times greater since many people buy medicine to treat themselves and go to clinics that are not under the control of the Communicable Disease Control Center. The Venereal Disease Control Center has not taken steps to solve this problem since the low figure indicates that the center is doing a good job. Dr Somnuk said that the number of people with syphilis will definitely increase since the number of places of entertainment is increasing, birth control is now easier and there are many shows that stimulate sexual desire. [Text] [Bangkok MATICHON in Thai 3 May 85 p 2] 11943

CSO: 5400/4416

TRINIDAD AND TOBAGO

DONATED BLOOD TO BE SCREENED FOR AIDS VIRUS

Port-of-Spain SUNDAY GUARDIAN in English 4 Aug 85 p 1

[Article by George Harvey]

[Excerpts] Blood donated at Government hospitals is being carefully examined before being used in transfusions.

Dr Bislam Mahabir, Specialist Medical Officer in charge of the Caribbean Medical Centre, (CMC), and Dr Roderick Dougdeen, Principal Medical Officer (Epidemiology) in the Ministry of Health, confirmed yesterday that the Ministry was carrying out the testing using the facilities of Carec (Caribbean Epidemiology Centre) at Federation Park, Port-of-Spain.

This is being done to ensure that blood donated does not contain the fatal AIDS virus, which so far has caused the deaths of more than 40 people in Trinidad and Tobago, including two babies.

Private hospitals have also been advised by the Ministry to have all blood tested, using the same Carec facilities, before using it in transfusions.

Dr Dougdeen said the Ministry had written the private hospital advising of all the required precautionary measures to be adopted regarding AIDS, including screening of patients and "the testing of blood by donors for transfusion."

Also chairman of the AIDS Surveillance Group, Dr Dougdeen said the special facilities of Carec were also available to the private hospitals.

Special Facilities

He said, however, the ideal situation to eliminate all reasonable risks would "be for all donors, private or otherwise, to use the Blood Bank system at the Government hospitals." (Private hospitals are not equipped with the AIDS-testing facilities).

Government plans installing the special testing facilities for donors at the Port-of-Spain and San Fernando General Hospitals.

CSO: 5440/084

VIETNAM

SUCCESS REPORTED IN 1984 MALARIA ERADICATION PLAN

Hanoi SUC KHOE in Vietnamese 20 Jun 85 pp 1, 6

[Article by Dr Dang Thich of the Institute of Malaria, Parasitology and Entomology: "Outstanding Features in the Course of Eradicating Malaria and the 1984 Epidemic Situation"]

[Text] A struggle goal of the 1984 malaria eradication work was lowering to 3 per 10,000 and in the south to 30 per 10,000. But during the first months of 1984 major difficulties were encountered in the malaria eradication work, which not only affected the over-all rate and the correct implementation of malaria eradication measures that had been outlined but also greatly affected the malaria epidemic situation by making it increasingly complicated.

However, last year the provinces made many efforts and achieved encouraging results. The malaria rate continued to fall, although the rate of decline decreased, and the number of severe malaria cases and deaths caused by malaria decreased. Because of the war situation and natural disasters, the malaria rate decline did not meet the goal that was set but it remained at a relatively stable rate.

At the beginning of 1984 the malaria rate in the southern provinces was 36.7 per 10,000 and in the northern provinces it was 7.6 per 10,000. The distribution of malaria depends on many factors, and the nature and extent of its spread also vary from area to area. Of the more than 40 million people living in malaria areas, nearly 10 million live in areas heavily impacted by malaria: the provinces in the Mekong Delta, the Central Highlands, the mountainous areas of provinces in Zone 5 and the former Zone 4 regions, and a number of provinces in the north which share borders with Laos and China. In those areas nearly all of the public health networks are still weak, although they are important areas with regard to economic construction and the consolidation of national defense and have a very high rate of population change. Some areas in the southern provinces are still encountering difficulties with regard to specialized technical measures, such as with regard to insecticide-resistant mosquitos living around houses and parasites. In the north a number of epidemics which occurred in 1983 had not yet been controlled were capable of breaking out in 1984. The tactics and techniques applied in the 1984 malaria eradication process were intended to reduce the damage by malaria to the minimum. An important contribution that was intended

to promote the malaria eradication process was the introduction in 1984 of epidemic zones based on response to measures in order to have measures appropriate to each kind of area. That was a matter of both theoretical and practical significance which was accepted and applied by all localities. In 1984 the nation's difficult economic situation and border war strongly affected the malaria eradication situation, which at times and places was very fierce and tense. But we promptly applied supplementary measures, concentrated all efforts to overcome those problems, and controlled the national malaria situation and kept it at a relatively stable level. In order to evaluate in a general way the 1985 malaria situation we will compare it to 1983 with regard to a number of basic indicators.

a. Malaria patients:

--The north: in the first 9 months of 1983 there were 300,373 patients, including 834 critical cases and 521 deaths. In the first 9 months of 1984 there were 403,464 patients, including 324 critical cases and 134 deaths.

--The south: in the first 9 months of 1983 there were 302,380 patients, including 572 critical cases and 910 deaths. During the first 9 months of 1984 there were 266,005 patients, including 2,349 critical cases and 714 deaths.

Thus in 1984 the malaria indicators in the southern provinces all declined in comparison to 1983. Of the 8,746 malaria outbreaks, 3,673 were associated with epidemics and were concentrated in the Zone 4 and northern border provinces. In Nghe Tinh alone there were 3,224 parasite infestations, 36.8 per cent of the total number in the north.

b. Malaria epidemics.

When we compare 1983 and 1984 we see that there were no major changes in the southern provinces, but that there was an increase in the north, because practically all areas in the south are still in the attack phase, while the north has entered the final period of the attack phase. Nearly all of the provinces stopped general DDT spraying years ago and only spray it in epidemic centers in a few key areas or in areas where malaria has reappeared. Because of the long suspension of DDT spraying the malaria-carrying mosquitos recovered and although the malaria originating area was not large it was not well managed, so there appeared many disease pockets. Although the number of patients and parasite infestations in the north increased a little in 1984 in comparison to 1983, their extent of distribution did not increase. Especially, the number of critical cases and deaths in the epidemics decreased. A special characteristic of the distribution of epidemics in 1984 in the north was that did not occur only in the mountainous region: more than half occurred in the semimountainous region and the coastal lowlands. Among the reasons for the occurrence of epidemics in those regions was that there was a lack of vigilance, a belief that they were safe areas, and there was a failure to continually take steps to fully supervise the epidemics.

From the changes in the malaria situation in general and the epidemic situation in particular throughout the nation in 1984 we can see the extremely complicated nature and broad scope of the malaria eradication work, with very great investments of people, skills, and materiel, a closely guided organizational system, and a corps of specialized cadres serving as the hard core, and which applies methods varying from traditional to advanced specialized technical measures. We have gradually reduced malaria to its present level. Those accomplishments are very great and must be defended and we must continue to seek all ways to lower the incidence rate of the disease even more, so that it will no longer harm the people of our country.

5616

CSO: 5400/4413

BAHRAIN

ANTHRAX CASE REPORTED

Manama GULF DAILY NEWS in English 28 Jul 85 pp 2-3

[Text] **ANIMAL** health experts have confirmed a case of anthrax has occurred in West Rifa'a.

And as tests continue to see if other animals are affected, drugs have been called for to vaccinate cattle, sheep and goats on the island.

It is believed the case occurred in isolation.

The alarm was raised on Tuesday when experts were called into a property in West Rifa'a.

Dr Ebrahim Mohammed Hassan examined the carcass of a cow and immediately suspected anthrax — which can prove harmful to humans.

Even before laboratory tests confirmed the disease, set procedures were carried out in case it was anthrax.

"We carried out the usual measures such as disinfection of the stable, burning of the soil ... then by cleaning down by clinical disinfectants," said Dr Hassan.

Positive

The animal's carcass was destroyed by fire.

"As a vet for 25 years with experience in Africa, you cannot miss anthrax," said Dr Hassan.

"You cannot wait until it is proved positive."

Two other cows were with the infected animal and they are now being

kept in isolation with daily checks for symptoms.

But Dr Hassan said he believes this case occurred in isolation.

"They were expected, of course, to contract the disease," he said.

"But now I absolutely expect this to be totally isolated. The preventative measures we have taken will give us a stringent grip on it."

Fastest

Dr Hassan welcomed the co-operation shown by the animals' owner, a member of the Al Khalifa family, in seeing that every possible step to isolate and treat the area could be taken.

As a precaution, vaccination serums have been ordered from the regional animal health organisation in Baghdad.

"We are just putting down a programme to vaccinate all cattle, sheep and goats," he said.

Anthrax is one of the fastest killing diseases among cattle, causing death within 24 hours. Diagnosis can be mixed up with other diseases during early symptoms.

"In the human it takes a different form — it is not so severe as it is in animals," said Dr Hassan.

The watch on the two other animals will continue for four weeks and as yet both remain completely healthy.

"I am sure the case is absolutely under full control and there is no possibility of any further spread," Dr Hassan added.

CANADA

RABIES INCIDENT REPORTED IN SCARBOROUGH, TORONTO AREA

Toronto THE TORONTO STAR in English 5 Jul 85 p A7

[Article by Cindy Kleiman]

[Text]

A record 22 rabid animals have been identified in Scarborough this year, the city's medical officer of health says.

"I've been with Scarborough (board of health) for 11 years and to my recollection it's the largest number of rabid animals in those 11 years," Dr. Keith Fitzgerald said.

"These things go in cycles. This happens to be Scarborough's year."

Fitzgerald said Scarborough is "known in metropolitan circles as the rabies capital."

An increased incidence of rabies in southern York Region, with 59 confirmed cases this year as compared to four this time last year, has "spilled into Scarborough through the ravines," said Alvin Evans, senior veterinary consultant for the disease control and epidemiology service of the provincial health ministry.

Fitzgerald said all animal bites should be reported to the local medical officer of health. He said some people might be reluctant to report being bitten out of fear of painful rabies shots in the abdomen, but added that the modern vaccine requires only five injections in the arm and one in the buttocks over a 28-day period. If left untreated, rabies can be fatal.

Scarborough's high incidence of rabies "was almost anticipated as these positive animals were found in York Region," Evans said, calling it "nature's control of its own population."

Large outbreak

Fitzgerald said that every three

or four years a large outbreak of rabies depletes the wild animal population.

Evans said that 1982 was the last big year for rabies, with 2,281 cases reported across the province, but with only five cases reported for Scarborough by the end of June, 1983. He said Metro is never hit as hard as some of the more rural areas of the province that have a large wildlife population.

Of the 22 infected animals identified in Scarborough so far, there were 13 foxes, six skunks, two cats and one groundhog.

Fitzgerald called the two cases of rabid cats "frightening."

"It's bad enough when you have rabies in wild animals, but if domestic pets also become rabid they make more frequent contact with humans and there's more of a chance of humans coming down with the disease," he said.

He said 22 people had to be treated for contact with those two rabid cats.

Confirmed cases of rabies in the rest of Metro remain fairly low, with five cases in the City of Toronto, five in North York, one in East York and no confirmed cases in Etobicoke.

FIJI

LEPTOSPIROSIS ASSUMES SERIOUS PROPORTIONS

Suva THE FIJI TIMES in English 9 Aug 85 p 15

[Article by Harbaksh Singh]

[Text] Leptospirosis, a zoonotic disease, has assumed serious proportions and is on the increase in the country with 60 cases being diagnosed each year. Last year the highest number of leptospirosis cases were seen in any one year so far with 84 cases being diagnosed. In fact up to 50 percent of the community could have been exposed to this disease.

Leptospirosis is a disease of animals transmissible to humans, and is caused by small spiral germs or bacteria called Leptospira. These leptospires are parasites of a wide variety of wild and domestic animals including rats, mice, mongoose, dogs, cattle, pigs, horses, sheep and goats. These germs may cause a number of illnesses in these animals. However, often these animals do not suffer from any illness but harbour these germs in their kidneys from where they are passed in their urine and thus contaminate surroundings.

These germs survive for weeks or months in warm and wet conditions such as muddy places, swamps, ponds, pools of water, drains, creeks and rivers. Man may become infected accidentally when he comes in contact with soil or water contaminated by the animals' infected urine. This may occur at his work place, during outings and even at home from muddy or swampy areas contaminated by rat urine or from pet dogs.

A survey was done by medical authorities in 1974 and a more recent survey in 1977, in which blood samples were collected from dwellers in suburban Suva. Although some of these men work in Suva, the women and children stay in the villages. Farming there consists mainly of cattle and some pigs while collection of fresh water mussels is a common occupation amongst the women.

Their children are keen river swimmers. Also included in the survey were students and workers at the Navuso School of Agriculture together with some abattoir workers. The result of the survey showed that more than 50 percent of all these people had been exposed to the Leptospira germs in the past.

According to the Senior Consultant Physician at the Colonial War Memorial Hospital in Suva, Dr. Parshu Ram, the disease is now widespread in Fiji.

"Cases have occurred in all parts of Fiji. Since 1969 a total of 707 cases have been diagnosed in the country. Of these, 450 cases were diagnosed at the CWM Hospital. There were 40 deaths mainly from kidney failure, heart failure, lung damage and severe bleeding. Leptospirosis, in fact, has become the single most common cause of acute kidney failure in Fiji," he said.

Dr. Parshu Ram, however, suspects that the problem is more serious than it seems. "Some people with Leptospirosis may get a mild illness like flue which passes away with no need for the patient to visit a hospital. But we are talking about severe cases that do not get better and ultimately come to the hospital. I am sure that with the average of 60 cases that we handle in Fiji each year, perhaps about five or ten times as many cases occur in the community. Evidence of this is contained in the results of a 1974 survey which showed that more than 50 percent of the people had had exposure to this germ. In fact, in some areas about 80 percent of the people have been exposed to this germ in the past. So, Leptospirosis is extremely common in Fiji. The number of cases that we diagnose each year are only the tip of the iceberg," he said.

Figures show that perhaps because of their way of life, the disease is more common amongst Fijians than in the other ethnic groups—71 percent of all cases have been in Fijians, 21 percent in Indians and 5 percent in the other ethnic groups.

"Leptospire germs enter the body through the skin especially when there are cuts, bruises and wounds in the skin, and also when the skin is soft and sodden as happens, for example, when standing in water for long periods. The germs can also enter the body through the lining membranes of the eyes, mouth and through the lungs by droplet inhalation containing leptospira," he said.

Leptospirosis in man causes fever, headaches, severe muscle pains, extreme weakness and tiredness, vomiting, red eyes and bleeding. In severe cases damage to brain, liver, kidneys and lungs may occur. In five to ten percent of the cases those infected from the disease may die.

The disease is diagnosed by the signs and symptoms that the patient shows and is confirmed by blood tests. In fact, there are two types of blood tests; first by finding the germs in the patient's blood and second by serological tests, which are chemical tests on blood to show whether the person is actually suffering from the disease.

Dr. Parshu Ram explained that the disease is treated with antibiotics.

"At present penicillin is the most effective drug. For it to be effective the treatment has to be started early. When the kidneys, heart, lungs and liver are damaged, they need specific treatment. In the case of kidney failure, for instance, dialysis is required. When the kidney is damaged the patients cannot pass urine and waste matter collected in the blood. Dialysis is a procedure that removes waste matter that collects in the blood when the kidneys are damaged," he explained.

Outlining the measures one can take to prevent the disease Dr. Parshu Ram said that as the disease is acquired at working places, during recreational activities and at homes, preventive measures are important during these activities.

He stressed "personal hygiene is important. People at high risk of infection need to wear protective clothing including footwear. Avoid standing bare foot in water for long periods. If cuts, bruises, and wounds occur, they should be treated promptly and protective dressings applied. Muddy or wet areas that could be contaminated by dog, rat, or mongoose urine should be drained.

People dealing with animals should avoid splashes from urine and animal tissues. Those working in abattoirs should follow the high standard of sanitation recommended by authorities. Health of farm animals and proper drainage and sanitation on farms is important.

At home ensure that pet dogs are healthy. Rats in homes need to be killed and destroyed. Food must be stored carefully in rat proof cupboards. Unwanted food and rubbish should be disposed of properly. Contact the Ministry of Primary Industries if stray or wild dogs are found around your area.

CSO: 5400/4425

NIGERIA

INVASION OF QUELEA BIRDS FEARED IN BENUE, PLATEAU

Kano SUNDAY TRIUMPH in English 19 May 85 p 1

[Article by Emmanuel Yawa]

[Text] Farmers in some parts of the Northern States will now face a new threat of invasion by quelea birds which will spread over Benue and Plateau States during the next cropping season.

Hitherto these areas were considered safe as only Borno, Bauchi and Gongola States were affected by the invasion.

The Managing Director of Trans-Nigeria Aviation Services Limited, which handles pest control on behalf of the Federal Department of Pest Control, Captain Justin Paase, told the Sunday Triumph that an aerial survey carried out by his company early this month confirmed the impending outbreak.

He said in Benue State the invasion would attack Katsina-Ala local government area along the Benue valley while in Plateau State, Shendam and Nassarawa areas would be affected.

The survey revealed that there would also be an outbreak in Bombe, Dadin Kowa, Zambak, Bajoga, Ashaka, Mafada and Zangali local government areas of Bauchi State.

Captain Paase, who is an agricultural aviation expert with 13 years experience out of which he had spent 11 with the Federal Department of Pests Control as a pilot, said that the department was ill-equipped to face the threat of pests invasion.

According to him, the major constraints militating against the success of the department were lack of chemicals, lack of vehicles to enable it and the department officials to effectively monitor pests migratory pattern, and lack of funds to effect control measures in the right time.

The director of the department, Dr. Bello Kofar Weiss, refused an interview with this reporter, claiming that he was a civil servant.

Captain Paase however, had told the Sunday Triumph that last year, quelea birds outbreak could not be controlled in Owoza, Gaboru, Ngala, Gajaa local government areas of Borno State and in Lau, Cassol, Savannah (Hunan) in Congo-
la.

Captain Paase recommended a regional control strategy involving nations with the quelea birds menace in West African regions.

He also urged the Federal Government to import chemicals in large quantities so as to enable the federal department of pests control carry out its functions effectively.

CSO: 5400/177

NIGERIA

3 STATES COORDINATE ANTI-QUELEA BIRDS FIGHT

Kaduna NEW NIGERIAN in English 22 May 85 pp 1, 3

[Text] Three states--Borno, Bauchi and Gongola are coordinating efforts to fight the menace of quelea birds which has increasingly been devastating crops in recent years.

Borno State Commissioner for Agriculture, Malam Mahmud Lawan, told the New Nigerian on Monday that officials of the three states met in Maiduguri recently on the matter and that their report was being awaited.

He expressed the hope that the report would go along way in tackling the menace of the birds effectively.

The commissioner said the birds which usually appeared when crops were maturing had, already arrived even before planting started in some parts of the state.

Malam Mahmud said multiplication of seeds at the various farm centres in the state had been on the decline due to drought. He said production dropped from 321.74 metric tonnes of seeds in 1979 to 13.2 tonnes in 1984.

The commissioner said the state had to buy seeds from the National Seeds Service, Zaria to supplement the ones produced locally.

He said his ministry was planning to buy 68.25 tonnes of seeds at a cost of 44,625 Naira this year. The seeds are those of millet, paddy rice, cowpea and ground nut. He said when the weather becomes normal, the state would produce enough to meet its needs.

On fertilizers, he said the state had stock which would last two months by which time new supplies which were now arriving Lagos port would have reached Maiduguri.

CSO: 5400/177

NIGERIA

RINDERPEST RESURFACES IN KANO

Kaduna SUNDAY NEW NIGERIAN in English 7 Apr 85 p 12

[Article by Yusef Ozi Usman]

[Text]

REPORTS of a fresh outbreak of rinderpest are still being received in Kano, the Kano State Co-ordinator of Federal Ministry of Agriculture, Alhaji Mahmud Mohammed has said.

He made this known on Thursday while presenting some vaccination inputs to Kano State Veterinary Department. Alhaji Mahmud did not indicate how many heads of cattle have been killed in the outbreak, but urged the state authorities to intensify efforts towards eradicating the

disease.

He said so far, an additional 10,000 Naira has been made available for the campaign against the disease.

The vaccination inputs donated included 7 deep freezers, 12 Colman boxes, 7 diagnosing kits, 7 branding irons, 26 ear punchers, 52 holborn syringes, 7 compressors and one sterilizer.

The co-ordinator said it was because of the reports on rinderpest outbreak that the director of federal livestock department decided to set up a six-man task force committee to work in the border states in the northern parts of the country.

Alhaji Mahmud expressed

the hope that the state veterinary authorities will make good use of these vaccination inputs for the success of the campaign.

The state Commissioner for Agriculture and Natural Resources, Alhaji Musa Shuaib who received the inputs on behalf of the state government suggested that our border posts be fully equipped to check the spread of the disease from neighbouring countries.

He noted that there was still much to be done in the prevention of the disease and called on the federal government to assist the state governments in providing good drinking water for animals.

CSO: 5400/176

NIGERIA

CATTLE FULANI STILL REFUSING VACCINATION

Kaduna NEW NIGERIAN in English 20 May 85 p 20

[Article by Dupe Motojehi]

[Text]

CATTLE Fulani in parts of the northern states are still objecting to the use of vaccination to curb spread of animal diseases, a livestock officer at the Federal Livestock Department, (FLD), Dr. Kayode Oluwole, has said.

He told the *New Nigerian* last week that reports by veterinary officers sent out to vaccinate livestock in various parts of the northern states two months ago had shown that many of these cattle rearers were yet to accept vaccination as a necessary precaution against animal diseases.

He said this was a dangerous trend capable of jeopardising livestock production in the face of raging rinderpest and other

deadly animal diseases.

Dr. Oluwole cited Borno and Kwara states as some of the areas where cattle rearers had resisted the assistance given by the Federal Government to vaccinate all livestock at least once in a year.

He said the FLD would intensify its public enlightenment campaign.

The campaign, he said, could persuade them to accept the use of vaccines with the belief that this would help to curb the spread of the disease.

He said six teams sent out on the vaccination programme had since returned from their field work.

CSO: 5400/176

NIGERIA

CATTLE OWNERS ARRESTED FOR REFUSING INOCULATIONS

Kaduna NEW NIGERIAN in English 3 May 85 p 17

[Text]

MORE than 29 cattle-owners in Bodwai town in the Guyuk Local Government area of Gongola State have been handed over to the police for refusing to submit their cattle for immunization by the federal government anti-rinderpest inoculation team.

Dr. Mike Nwaneri, the leader of the team said that the action would serve as a deterrent to other cattle owners who might not like to co-operate with the team.

He said that the rinderpest epidemic which wiped out great numbers of cattle in the last two years could have been avoided if the cattle owners had co-operated by bringing their cattle for immunization.

The immunization team is expected to complete its programme in the local government soon.

CSO: 5400/176

NIGERIA

BRIEFS

45,000 CATTLE INOCULATED —The federal livestock department has allocated drugs and equipment worth N30,000 to the veterinary division of the Anambra State Ministry of Agriculture for the control of rinderpest and poultry diseases. This was contained in a press statement issued by the public relations unit of the ministry of agriculture. The statement put the population of cattle in the state at 200,000, adding that over 45,000 cattle and 30,000 sheep and goats have so far been inoculated against rinderpest. The commissioner for agriculture, Dr. F. I. Idika, had formally received the drugs and equipment. In another development, the state intimated that in pursuance of the state government directive to principals of post-primary schools to beautify their school premises, such school heads could approach the open spaces development committee, forestry commission, to landscape their premises at a minimal charge. It asked interested schools to contact the chief conservator of forest, forestry division, PMB 1028, Enugu. [Text] [Enugu DAILY STAR in English 10 Jun 85 p 2]

CSO: 5400/175

SOUTH AFRICA

BRIEFS

BOTSWANA BANS MEAT IMPORTS--South African travellers to Botswana may no longer take raw meat into that country because of an outbreak of swine fever in South Africa, a Botswana veterinary department spokesman says. The spokesman said the restriction was unlikely to be permanent. He said a similar measure had been adopted for visitors from Zimbabwe because of the incidence of foot-and-mouth disease. [Text] [Johannesburg THE STAR in English 26 Jul 85 p 5]

CSO: 5400/180

URUGUAY

RIVERA DEPARTMENT REPORTS FOOT-AND-MOUTH OUTBREAKS

Montevideo LA MANANA in Spanish 9 Jul 85 p 39

[Article by Luis Custodio]

[Text] Foot-and-mouth disease outbreaks have been confirmed at four sites and have almost been confirmed in two other, affecting a broad area in Rivera Department.

Rivera--Laboratory tests have confirmed the outbreaks in the four sites. The two others tests are being conducted and analyzed by Dr Homero Vega, head of the Directorate for the Prevention of Foot-and-Mouth Disease [DILFA], who is collecting samples to be sent to the laboratory. However, clinically there is no doubt that they are centers of the disease.

By sites we mean the establishments affected at this moment. They are in Cuchilla de Mangueras and La Calera. The unconfirmed sites are in Tres Cerros. This has forced authorities of the health department to implement a series of steps to prevent the spread of the disease to the remaining establishments. Most movements of cattle within the area are prohibited in order to shut off the infected sites.

Virus O

Jose Pedro Vargas of the Animal Health Service has reported that the virus is the one designated by the letter "O". This virus appeared in the department during the year 1975-76 but there had not been reports on its since then. We should stress that that virus exists at present on the coast and at Entre Rios, Argentina, the only places where it has appeared this year.

NACOSE is very important in these cases in the department of Rivera. This is because there are records of cattle movements over long periods of time which makes it possible to compile data to determine the source of the disease at these sites.

Virus "O" has the same characteristics as the other viruses. It is the only thing which has shown up in the recorded cases. It is in a very mild form. No animals have been found which look sick, only cases of animals with small aphthae in their mouths.

The incubation period of the disease is between approximately 2 and 7 days but this is not constant because there are variations of 1 or 2 days. Among the registered cases, the animals had scars of aphthae which indicate that they have the disease for a period of 15 to 20 days and in some cases of up to a month.

The authorities do not accept blame in this case since this is the fault of the rural producers who have had diseased animals for a month, harming not only their own establishment but also their colleagues and also the country.

If the establishments where the disease originated had been located at the outset, it would have been easier to get the disease under control.

Places Closed

Among the steps taken, not only is movement of cattle forbidden but fairs have been prohibited from holding auctions. The most prominent fairs affected are those at Lluviera, La Carrera, the Association de Minas de Corrales, San Martin, Don Tomas and Chiquita which are within the affected zone.

Another important detail is that the health authorities were not able to tell LA MANANA how long those fairs would remain closed. On the other hand, the remaining localities are authorized to hold fairs but only after a review of the consignments for each auction. The auctioneer must comply with the requirement of presenting a list of the establishments which will be present at the auction. Only after a review by the authorities of the areas of provenance of the cattle is the auction authorized.

With Brazil

Due to their proximity, contacts have already been established with the Livramento, Brazil health authorities. Dr Vargas said that before he reported to the central authorities of Uruguay, the Brazilians were informed of the facts since there is a health treaty between Uruguay and Brazil and between Uruguay and Argentina which requires informing each other immediately of the appearance of an outbreak of disease not just of foot-and-mouth disease, but also of scabies, sheeplice, ticks, tuberculosis, hydatids or rabies.

Also, in compliance with the provisions of the treaty, information is provided on the results of the laboratory analysis as to the virus causing the disease. Finally, on Thursday there will be an inspection visit of the affected establishments by health authorities of the two countries.

9204

CSO: 5400/2079

ZIMBABWE

CRACKDOWN ON WEAVER BIRDS PLANNED

Bulawayo THE CHRONICLE in English 27 Jul 85 p 8

[Text]

HARARE — Zimbabwe's wildlife authorities are gearing themselves for a major crackdown on an expected post-drought boom of the little weaver birds, quelea, which move in large flocks damaging crops and which downed a jumbo jet here several years ago.

The noisy birds, registered as a pest in half of Africa, were steadily building up in number because of the abundance of seed grasses flourishing after the good rains which ended the three-year drought here, said the Department of National Parks and Wildlife Management ornithologist, Dr Peter Mundy.

"Their numbers always rise dramatically in the winter following heavy rains and we are predicting another big kill," he said.

"We despatched about 100 million quelea in 1972 and

again in 1981. Farmers have planted twice as much winter wheat this year as they did last year so the quelea will be looking forward to a big feast in about a month's time," he said.

Between a million and 12 million quelea could be found in a non-breeding roost. They made typical weaver nests in reed beds and thorn trees which sometimes broke under the strain.

One million quelea, he said, could destroy about eight tonnes of wheat a day but they mostly ate wild grass seed.

He appealed to farmers in all areas to report to his department any colonies or

roosts on their land as required by the Quelea Control Act of 1972.

"We will control the birds if they damage crops," said Dr Mundy, who is co-editor of a book on quelea which is to be published shortly.

The Parks Department poisons the birds while they sleep, spraying their roosts either from the air or from trailers, using a mixture of pesticide and diesel.

A Boeing 747 plane aborted take-off on Harare's runway a few years ago when a flock of quelea was sucked into one of its jets. Signboards at a Midlands military base warn pilots that the birds can kill. — Ziana.

CSO: 5400/178

BANGLADESH

PESTS DIM HOPES FOR CROPS IN RAJBARI, TANGAIL

Dhaka THE BANGLADESH OBSERVER in English 16 Jul 85 p 11

[Text]

RAJBARI, July 15:—The prospect of aus and aman crops has become bleak in Rajbari district due to large scale damage of crops by pests.

Although the farmers sowed the seeds of aus late of the season due to prolonged drought there was a great prospect of good aus crops. Their hopes have been shattered as the aus crops over a vast tract of land have dried up due to pest attacks.

The pests locally known as Purni Poka have attacked crops in a vast area of land according to reports received from the different upazilas of the district.

It is learnt that aus and aman crops in about 8,000 acres of land in Rajbari, Ballakandi Pangs and Goalundo upazilas have been damaged by the pests.

The worst affected areas are Doulotdia, Debogram, Choto Yakal and Ujanchar unions under Goalundo upazila and Miranpur, Barat, Dadshi, Alipur Rambanipur unions under Rajbari Sadar upazila.

The situation has aggravated due to non-availability of pesticides in Government stores. The pesticides are available in the blackmarket at an exorbitant price which is beyond the purchasing capacity of the farmers.

The adulterated pesticides used by the farmers are not giving the desired results.

Tangail

Our Tangail Correspondent adds:—Standing aus, aman and jute crops over 70,000 acres of land were badly affected by pest attack in Mirzapur, Nagarpur, Kalihati, Basail, Delduar and Shakhipur upazilas of Tangail district. Nagarpur and Delduar are the worst affected areas.

According to the local Agricultural Extension Department "Hirapa" or locally known as Purni species of insects attacked crops in 40,000 acres of paddy field. Besides these 30,000 acres of land under jute cultivation were badly affected by the attack of "Senga" insects. The Agricultural Extension Department distributed 500 hand spray machines among the farmers of the district. But according to the local cultivators, these hand spray machines become obsolete after using them twice or thrice.

The farmers told this correspondent that it was impossible to control the pest attack by hand spray machines unless measures are taken for aerial spray.

BANGLADESH

PEST ATTACKS REPORTED OVER A WIDE AREA

Dhaka THE BANGLADESH OBSERVER in English 24 Jul 85 p 7

[Text]

SRIMANGAL July 23:—The prospect of aus crops has become bleak in Srimangal Upazila because pests have damaged crops over thousands of acres of land.

According to reports aus paddy over about 200 acres of land in different unions have been attacked by 'Hispa' pests locally known as Purni poka. The badly affected areas are Srimangal, Kalapore, Banabir, Sindurkhan, Ashidra and Mirzapore union.

The hopes of the farmers have been shattered as the aus paddy plants over a vast track of land have dried up due to pest attacks. The poor farmers cannot buy pesticides which are now being sold at exorbitant rate. Measures taken by the Agriculture Department are not adequate it is alleged.

When contacted the Upazila Agriculture Officer confirmed the attack of Purni poka in the paddy fields. He said that precautionary measures were being taken to combat the attack but due to limited resources he could not take adequate measures. He informed me that he got only 14 spray machines of which two are out of order. Two employees have been sent for this purpose. The quantity of pesticides is so meagre that it should not be quoted.

He also informed me that the measures for killing the pests often became unsuccessful for some reasons. The process for killing 'Hispa' takes 5 to 6 hours after spraying of insecticides but rainfall washed away the medicine. Due to exorbitant price of pesticides which is beyond the purchasing capacity of the farmers the farmers cannot maintain actual proportion of medicine and to cover more area by less quantity of medicine.

'Hispa' are migratory insects and when a farmer uses pes-

ticides in his field it migrated to nearby plots.

To make the pesticide programme successful spraying in the whole area should be started at a time maintaining actual proportion of medicine.

The farmers of the locality told this correspondent that it was impossible to control the pest attack by hand spray machines. Measures should be taken for aerial spray.

Nilphamari

Our Nilphamari correspondent adds: Insects locally called Gandhi attacked 65 acres of IRRI field in village Haron under Nilphamari Sadar upazila.

On contact an official told this correspondent that insecticides proved futile. As a result the prospect of IRRI paddy over an area of 65 acres is bleak.

Naogaon

A report from Naogaon (Jessore) adds: Aus crops in thousands of acres of land in Moniram pur, Abhoynagar, Kesabpur, Jikar gacha, Jessore sadar in Jessore district and Fultala and Damuria in Khulna district have been attacked by insects.

The insects locally known as purni and shypoka damaged crops in a vast area.

Meanwhile the price of insecticides increased manifold. Insecticides available in the markets are moved uselessly.

Mr. Akram Hossain and Mr. Nural Haq, chairmen Fultala and Abhoynagar told me that if the authority concerned did not take timely measures, more area will be attacked by the insects. The target of production will not be achieved.

BANGLADESH

CROPS IN SOUTHWEST ATTACKED BY PLANTS PESTS

Dhaka THE NEW NATION in English 29 Jul 85 p 2

[Text]

JHENIDAH, July 28: Pests have attacked crops on about four lakh acres in 10 south-western districts of the country.

The districts are: Jessore, Jhenidah, Magura, Narail, Khulna, Satkhira, Bagerhat, Kushtia, Chaudanga and Meherpur.

The Agriculture Extension Department has confirmed the news but maintained that only 2.35 lakh acres have been attacked by pests. They also claimed to have controlled the pest attack over 40,000 acres.

The worst affected districts are: Jhenidah, Magura, Narail, Jessore, Khulna and Kushtia. In Kushtia, pests already damaged the Aus paddy. Vast fields of Aus paddy have become white due to the attack. The Aus harvest is already shattered and the future of Aman is under threat. Since the plantation of Aman plants, thousands of Pamri pest attacked the fields at random.

Many farmers alleged that they were spraying insecticides but to no effect. The pesticides, available in the markets, are reportedly adulterated. More over the poor farmers are not in a position to buy the pesticides at an exorbitant prices.

On the other hand, the jute fields are also attacked by various insects in the districts of Jessore, Jhenidah, Magura, Narail,

Kushtia and Chaudanga.

NATORE

Widespread pest attack has damaged crops, mainly paddy, in Natore district.

According to a authentic source, Aus and Aman paddy over about 500 acres of land in different upazilas have been attacked.

When contacted, concerned officials confirmed the attack of 'Pamri Foka' in the fields. Necessary measures are being taken to combat the attack.

It is learnt that there has been an acute shortage of pesticides in the affected areas. The poor farmers cannot afford to buy pesticides which are now being sold at exorbitant rates.

ISHURDI

Meanwhile, in Ishurdi upazila, about 50 per cent jute fields have been completely damaged by pests which are quickly spreading to the adjacent jute fields.

It is learnt that acute scarcity of pesticides is prevailing in the local market. However, the farmers requested the authority concerned for necessary action to combat the pest attack but no fruitful results have yet been attained.

The farmers apprehended if suitable actions are not taken to fight the pests, the entire jute fields of the upazila will be damaged.

BANGLADESH

BRIEFS

'PAMRI POKA' ATTACK—Sailkupa, 20 Jul—Aus and broadcast variety of Aman paddy and about 40,000 acres of land in all the six upazilas of Jhenidah district have been severely attacked by pests specially 'Pamri Poka' causing heavy damage to the crops. It is learnt that such type of pest attack was not reported in the recent past. There is not a single village in the district which is out of this attack. It may be mentioned that this year in all 1,75,000 [as printed] acres of land were brought under Aus and B. Aman cultivation programme in Jhenidah. But 30 to 40 per cent of the standing paddy has already been damaged by pests. The attack is on the increase. Official sources put the acreage of attacked land at 44,116 acres but unofficial sources say that the figure may exceed up to 1,15,000 acres. [as printed] According to farmers, the green leaves of the paddy plants are being eaten up by black coloured Pamri insects. They opined that if proper action was not taken to combat the pests attack, the production might fall considerably. Moreover, the price of insecticides being very high in the market, most of the farmers cannot afford to buy it to combat the pests. And with the increase of price, adulteration of insecticides has become rampant here resulting in ineffectiveness of pests killing. [Text] [Dhaka THE NEW NATION in English 21 Jul 85 p 2]

KISHOREGANJ PADDY CROPS—Kishoreganj, 11 Jul—Pests have been damaging paddy crops over thousands of acres of land in Kishoreganj district. According to reports Aush paddy over about 10,000 acres of land in different upazilas have been attacked. The badly affected areas are Kathiadi, Karinganj, Kishoreganj Sadar Pakunda Bajitpur and Kuliarchar Upazilas. When contacted an official source confirmed the attacked Pamri Poka in the paddy fields. He said necessary measures were being taken to combat the attack. It is reported that there has been an acute shortage of pesticides in the affected areas. The poor farmers cannot buy pesticides which are now being sold at exorbitant rates. Measures taken by the Agricultural Workers and Employees are not adequate, it is alleged. [Text] [Dacca THE BANGLADESH OBSERVER in English 14 Jul 85 p 9]

KUSHTIA CROP DAMAGE—Almadanga, 3 Aug—Aman production target in different upazilas of Kushtia district will be hard to achieve because of widespread attack by pests known as Pamri 'Poka,' it is learnt. The target fixed by the Agricultural Extension Department was 83,061 tons of paddy in projected 77,225 acres of land to be brought under intensive cultivations. The pest attack, it is gathered, is so severe that even the seed-beds have not been spared. And no effective measures have so far been taken to contain the pest attack. [Text] [Dhaka THE NEW NATION in English 4 Aug 85 p 2]

CANADA

FEDERAL ADVISORY BOARD ON PESTICIDES CREATED

Toronto THE GLOBE AND MAIL in English 17 Jul 85 p 18

[Article by Christie McLaren]

[Text]

The federal Government has created a long-awaited advisory board on pesticides, naming a lawyer well-respected in the environmental field as its chairman.

Hajo Versteeg, 34, who was appointed head of the Pest Management Advisory Board last week by Agriculture Minister John Wise, said yesterday that his goal is "to recommend how the Government can make better pest-management decisions."

To do that, the board will operate at arm's length from Agriculture Canada, which decides the pesticides that can be registered for use in Canada.

Board members will talk to provincial governments, the pesticide industry, environmental organizations and pesticide users about the assessment and registration of pesticides, Mr. Versteeg said.

They will make recommendations to the agriculture minister on broad questions of Government policy — such as the registration, cancellation and re-evaluation of pesticides, the adequacy of Canadian pesticide law, the role of the public in the process and concerns about specific pesticides. The board can also examine alternatives to pesticide use.

Mr. Versteeg, who has signed a

\$74,000 one-year contract, has worked as a lawyer on environmental cases in Ontario and New Brunswick. He also sat for two years on a New Brunswick task force on cancer and the environment, concentrating on pesticide use in forestry and agriculture.

To accept this job, he took a leave of absence from the University of New Brunswick, where he has taught law for five years.

In an interview, he said he will try to bridge the real or perceived information gaps that exist between Agriculture Canada and the public outside of the pesticide industry. He said that through dialogue, the board will also try to address what some people perceive as a credibility gap within Agriculture Canada.

Two or possibly four other board members will be named soon, representing the scientific community and the public.

Although the board's budget has not been set, it will have the power and the resources to order inquiries, commission studies and travel, Mr. Versteeg said.

The idea of a Pest Management Advisory Board was born in 1983, when former agriculture minister Eugene Whelan announced that the assessment and registration of

pesticides would become a public process.

In 1984, a report on public consultation in the pesticide-registration process, by Simon Fraser University professors Liora Salter and William Leiss, recommended the creation of such a board and outlined terms of reference similar to those Mr. Versteeg is setting.

The board's creation is in response to growing public concern about pesticide registration and use.

There are about 600 pesticides — including herbicides, insecticides and fungicides — registered by the Department of Agriculture for use in Canada. Most of them are man-made synthetic chemicals.

Under the federal Pest Control Products Act, the public does not have a voice in Government decisions to register pesticides. A manufacturer applies for registration, submits scientific health and safety studies, and the decisions are made by Agriculture Canada. The scientific studies are usually not made public, and only the manufacturer may ask for a formal review of the Government's decision.

CANADA

GYPSY MOTH OUTBREAK REPORTED IN EASTERN ONTARIO WOODS

Ottawa THE CITIZEN in English 5 Jul 85 pp A1, A10

[Article by Jack Walker and Kathryn May]

[Text]

PERTH — Thousands of acres of Eastern Ontario forests are being damaged by gypsy moths in an outbreak that provincial natural resource officials say is out of control.

So far, damage has been confined to low value and scrub-like trees, but commercial lumber and maple sugar bushes are bound to be hit as the infestation spreads across the region, says Alec Denys, a ministry forestry supervisor.

"There is no reason to believe the problem won't continue to grow," he says. "The conditions here just seem perfect for the infestation to keep going."

Forestry officials predict the moths will strip about 60 square miles of Eastern Ontario forests this year.

Ministry officials say residents must get used to the presence of the leaf-eating insects as just another common summer pest.

"Now that the gypsy moths are in Eastern Ontario, they'll probably be here forever," says Denys. "The best we can hope for is to keep the problem under control."

Agriculture Canada officials say the province's worst infestation stretches from Kingston to Kaladar where pockets of trees are completely defoliated, especially in the Westport and Sharbot Lake areas.

The gypsy moth's favorite foods are oak, beech, birch, white pine and apple trees, but when hungry it also has a taste for conifers and grass crops. Be-

sides stripping trees of their leaves, the caterpillars are a nuisance and health problem to humans.

The caterpillar's hairs can cause an allergic reaction, such as a rash, in about 15 per cent of the population.

The moth's larvae spread at a rate of about 15 miles per year. It spread to Ottawa-Carleton and parts of West Quebec about eight years ago but so far the population has been growing slowly.

"They're here (in Ottawa) and they won't disappear and they'll continue to spread," said Al Schmidt, chief entomologist at Agriculture Canada's plant health division.

"Once they infect an area, they're here for all time and it would take a miracle to get rid of them."

But Schmidt said he couldn't predict whether the gypsy moth would ever be such a nuisance in the Ottawa-Hull area as it already is to the west of the national capital region.

Denys says Eastern Ontario is a good area for the gypsies to get started because of plentiful supply of oak trees.

"But they've now reached the stage where they're eating anything at all that's green," he says.

Provincial government officials partly blame the growth of the infestation on public opposition to

ministry plans to chemically spray the Kaladar area in 1981 when the gypsy moth was first discovered. The province now uses a biological insecticide known as *bacillus thuringiensis*.

That year, 3,000 acres were affected.

By the end of 1984, the gypsies had eaten their way through 200,000 acres.

This year, forestry officials expect 400,000 acres of forests will be defoliated in Eastern Ontario.

Trees can withstand two to three years of defoliation but after that they begin to die.

"We're expecting a lot of mortality this year," says Denys.

Hardest hit is the Kaladar-Sharbot Lake area along Highway 7 where much of the countryside has taken on bleak winter look without the snow.

"The trees around us have been completely stripped," says Roy Ball, who owns a cottage on Big Gull Lake, north of Sharbot Lake. "People are running around with gas masks and spray guns trying to protect what's left."

The ministry says the gypsies are now fanning out in all directions from the original infestation.

They've been spotted as far west as Marmora, south to Belleville and east to Westport. Areas have also been infected in Peterborough, Bancroft, the Niagara

Peninsula, London and Kitchener.

The moths' rapid spread has led to growing demands from municipal politicians, tourist operators and cottagers for more government action.

Lanark County Council has been pressing the ministry to extend its aerial spraying to all severely infested areas since early this year. The ministry has limited its spraying to three provincial parks in the area.

"The ministry is aware of the problem but they don't seem willing to do anything about it" complained Warden Bob McKay.

County representatives took their case to government officials in Toronto in February to stress the seriousness of the problem "but they were more interested in talking about the spruce budworm moving east," said McKay.

Ball agrees there's a growing feeling among the public that the province isn't doing enough to combat the problem.

Ball, like other cottagers, has joined forces with neighbors to hire planes to spray their own properties.

Denys admits the ministry has been under "unbelievable" pressure to expand its aerial spraying but says "we have no mandate to enter private land."

Besides, Denys says spraying offers only a temporary solution.

CANADA

GRASSHOPPER DAMAGE IN PRAIRIE STATES DISCUSSED

Southwest Manitoba

Windsor THE WINDSOR STAR in English 9 Jul 85 p B10

[Text]

LAUDER, Man. (CP) — Farmer Chub Bertholet splashed through a sea of green as waves of grasshoppers leaped out of his path in an alfalfa field in this southwestern Manitoba community.

Bertholet, 51, says the pesky grasshoppers have shredded his promising hay crop to wisps, making it hardly worth the fuel it will take to swath it.

"I don't even know what I'm doing here," he said, digging the toe of his boot into the sandy soil.

"We won't even get a quarter of what we should get. I think there's more (grasshoppers) now than when I sprayed it."

Farmers in this hopper hotspot, about 240 km (150 miles) southwest of Winnipeg near the Manitoba-Saskatchewan border, have lost their incomes to bugs and dry weather for the past six years.

Bertholet said he has had to take jobs on nearby oil rigs to feed his family and is trying to sell his farm.

"I sold off half my cows last year and I'll get rid of the rest of the cows this year," he said.

Agriculture officials here said Manitoba farmers will lose millions of dollars this year because of a severe outbreak of grasshoppers.

Agriculture Canada estimates about 16 million hectares of land in the three prairie provinces face a severe to very severe infestation this season.

AN INFESTATION of between 13 and 24 grasshoppers per square metre is considered severe. Some areas of southwestern Manitoba have reported more than 100 grasshoppers per square metre.

Municipalities and farmers have begun spraying roadside ditches in an attempt to control the pests, which hatch in ditches and move in uniform rows across a field.

For a cost of between \$5 and \$10 a hectare, farmers can choose from five chemicals to battle the insects, including a bait similar to the poisoned sawdust used by farmers in the 1930s.

Bill Busby, secretary-treasurer of the Rural Municipality of Pipestone, said workers there are spreading poisoned wheat bran along certain road allowances in place of conventional sprays.

Busby said beekeepers have asked the municipality not to use chemicals because of fears the bees will be killed by contact with chemical sprays.

Recent rains have helped, but provincial officials say the crop insurance compensation paid this year could be 2½ times the \$750,000 paid to farmers last year.

AGRICULTURE OFFICIALS say the next two weeks will be crucial in spraying programs designed to curb the damage caused by grasshoppers.

However, farmers in this region, a sandy mixture of rough pasture, cropland and scrub brush, are half-hearted about spraying.

"There's a lot of people that just give up," said Eric Thomas, a local aerial spray pilot.

"I sprayed one field four times last year and never took a combine in," said his partner Rick Cram.

The area is a hopper haven because it is located near a provincial wildlife management area and the unworked pasture land in the region is an ideal egg bed for grasshoppers.

A series of hot, dry summers hasn't helped.

"I think nature will have to get them," said Maurice Vinck, a 61-year-old cattle farmer.

"You just try and outsmart them and keep going until the disease gets them like in the '30s."

Toronto THE GLOBE AND MAIL in English 12 Jul 85 p 4

[Article by Michael Tenszen]

[Text]

WINNIPEG — Southern Saskatchewan is being hit by just as severe drought conditions and grasshopper infestations as last year, when farmers there lost almost \$1-billion in income, Saskatchewan's deputy agriculture minister says.

"It will be a virtual bust for some farmers," said Jack Drew. "It is a (bit) smaller area that is affected, but it looks worse." If the hot, dry weather continues, said Mr. Drew, crops will be so bad "it won't be worth taking the combines into the field."

The Saskatchewan Government has already spent \$10-million this year — in addition to the millions spent by many of the province's 65,000 farmers — on spray programs to combat the grasshoppers. In the Saskatchewan Legislature, the province's New Democratic Party Opposition has been demanding that the Progressive Conservative Government of Premier Grant Devine embark on an immediate, full-scale drought relief program.

This June, thousands of Saskatchewan farmers had to replant crops eaten by the insects. Crops not eaten by the hoppers are now being cooked under the unrelenting prairie sun. Mr. Drew said the long-range forecast does not call for rain and some farmers have already given up spraying their crops for hoppers because they know they will lose them to the drought.

Last summer in Saskatchewan, at least \$30-million worth of grain was lost to grasshoppers alone. The grain crop for the province was down 20 per cent last year because of drought and insects. The entire southern portion of the province went for several months without any substantial rain. The yields on many farms were down 50 per cent or more.

In Manitoba, also struck hard last year by drought and hoppers, conditions do not seem as threatening this summer. R. M. Deveson, an Agriculture Department spokesman, said yesterday.

"I would say it is 100 per cent better than last year, and far better than the last sev-

eral years." He said there are still many grasshoppers, but crops have grown quickly and are sturdy enough to withstand the onslaught of the insects, and spraying programs have been effective. "They (hoppers) are not doing as much damage as anticipated." Last year, Manitoba farmers claimed \$750,000 in crop insurance as a result of grasshopper damage.

Mr. Deveson said moisture conditions are generally good throughout Manitoba but there is a small pocket of land — in the southwest corner of the province near the Saskatchewan border — that has experienced less than 50 per cent of normal rain.

Saskatchewan has 50 million acres under cultivation, 40 per cent of Canada's total and more than any other province. In good years, the Wheat Province sells about \$4-billion worth of grain, mostly wheat.

Mr. Drew said Saskatchewan farmers made government crop insurance claims last year of \$258-million. If the hot weather continues, these claims could be higher this year, he said. Some farmers have saved their crops from grasshoppers only to lose them to the drought, he added.

He said farmers in the south of the province are already in serious trouble. Hay crops are withering and, like last year, farmers are beginning to look around for feed for their cattle. The hay crops were so bad last summer that farmers trucked their animals north to greener pastures or paid large amounts to buy commercial feed.

Mr. Drew said the most affected area this summer lies south of a line drawn from Kindersley, Sask., near the Alberta border, east to Regina and then southeast to Estevan, Sask. Last year, much of the area south of Saskatoon was affected.

One happier note, said Mr. Drew, is that "bumper crops" are expected in the northern two-thirds of Saskatchewan, which has received more rain than the south.

INDIA

SUGARCANE CROP IN FIVE STATES THREATENED BY PYRILLA

New Delhi PATRIOT in English 23 Jul 85 p 5

[Text]

Efforts are continuing on a war footing to save the sugarcane crop in the five northern States — UP, Haryana, Punjab, Rajasthan and Bihar — from pyrilla infestation which threatens to severely affect sugarcane and sugar production.

Soon after alarming reports were received by the Union Agriculture Ministry about large-scale infestation of the crops throughout the sugarcane producing belt, steps were initiated, including rushing of subsidised pesticides.

Official sources say the problem has been largely contained but control operations were continuing. However, there are reports that the pest has already caused severe damage to the crop through the exact magnitude is still a matter of conjecture.

Among the five States, UP is the worst affected, having the largest sugarcane producing region. According to reports reaching the Krishi Bhawan, a total of 24 districts were hit by the pyrilla pest problem involving a total area of 4.77 lakh hectares. However, by the middle of July, the State Government had undertaken ground control operations over an

area of 4.24 lakh hectares.

A redeeming feature is that natural bio-control agent of pyrilla was reported to be developing in five western districts of UP which should take care of the pest.

In Haryana, the situation caused by the pyrilla infestation was under control and the affected crop area had already been treated. Ground control operations were, however, continuing in the entire area of 92,000 hectares. As in UP, a natural bio-control agent has been noticed in Haryana also and this is expected to develop faster during the monsoon.

In Punjab, a 7,000-hectare area out of the total affected area of 8,500 hectares has been given anti-pyrilla treatment. Control operations have been stepped up particularly in Morinda and Nawanshahr areas. No visible damage is said to have been reported from the State.

The pest affected sugarcane crop in isolated pockets in Rajasthan and Bihar was controlled completely through various measures before it could spread.

CSO: 5450/0260

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September 17, 1985